

DOCUMENT RESUME

ED 112 901

IR 002 612

AUTHOR Ensley, Robert F., Ed.
TITLE Special Library Services.
INSTITUTION Illinois State Library, Springfield.
PUB DATE Sep 75
NOTE 79p.
JOURNAL CIT Illinois Libraries; v57 n7 Sep75 p445-516

EDRS PRICE MF-\$0.76 HC-\$4.43 Plus Postage
DESCRIPTORS Bibliotherapy; Blind; Consultants; Deaf; Emotionally Disturbed; *Handicapped; Handicapped Children; Institution Libraries; Library Networks; *Library Services; Library Standards; Mentally Handicapped; Older Adults; Outreach Programs; Physically Handicapped; Public Libraries; Radio; Regional Programs; Special Libraries; Television

ABSTRACT

The September 1975 issue of Illinois Libraries focuses on the needs of the developmentally disabled, physically handicapped, and emotionally disturbed. Articles on library services to the blind and physically handicapped cover standards, services of local public libraries, Library of Congress programs, braille books and sound recordings, multistate and regional centers and networks, radio newspaper reading, and the history of such services. Discussions on services to the deaf and older adults with impaired hearing include the use of sign language by librarians, sign language story hours and television programs, special materials, and teletype reference service. For services to the mentally ill, descriptions are provided of outreach programs (using both print and media formats) to those in homes and institutions, operation of institutional libraries, public library services to the institutionalized, and bibliotherapy. Library services in resident facilities for the mentally retarded are also discussed, along with library services in county jails and the role of special services consultants. (DS/LS)

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Illinois Libraries is published by the Illinois State Library, Springfield, Illinois 62756, and is issued monthly except in July and August.

Opinions expressed in signed articles are not necessarily those of the editors or the Illinois State Library.

published by
the illinois state library
springfield, illinois 62756

second-class postage paid at springfield, illinois

(Printed by authority of the state of illinois)

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preface

Special library services are expanding rapidly throughout the United States as librarians, trustees, and the general public become more aware of the needs of persons for special materials or services with which to gain access to knowledge and information.

Federal grants from state library agency administered LSCA funds have, since the mid 1960s, been a tremendous incentive and stimulant toward this development. Now that the potentials for service have been demonstrated, and realization grows of the tremendous challenge yet remaining for the library profession to truly develop library services for all persons, another special issue of *Illinois Libraries*, concentrating on a few groups of persons needing such services, seemed inevitable.

This issue is an attempt to continue the 1974 September issue, but this time focus on the needs of, and services for, the developmentally disabled, physically handicapped, and emotionally disturbed.

I would like to thank Margaret Cheeseman, Stefan Moses, Susan Madden, Lethene Parks, Phyllis Dalton, Lee Putnam, and Barrett Wilkins for their encouragement and help in suggesting names of persons whom they felt would make, and have made, valuable contributions to this issue.

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library services to the blind and physically handicapped — local commitment

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I once heard a story, from a regional librarian for the Blind and Physically Handicapped, about a frantic telephone call she received from a public librarian in her state. The librarian was quite distraught. "A blind man just came into the library! What shall I do?" The regional librarian calmly replied, "Why don't you ask him what he wants?"

Sounds simple — common sense. The man was a library patron, nothing more, certainly nothing less. He might have wanted to know the names and addresses of his congressional representatives; maybe he wanted to know what to use to remove coffee stains from his carpet; how do you start an avocado plant from seed; what is the gestation period for a beagle; what is the tallest building in the world; the longest river; how do you score no-trump in bridge — any of a number of ready reference questions. Or maybe he wanted to check out *Jinx Glove* by Matt Christopher for his little boy. What films are you showing this month? Do you have any records teaching Spanish? What time do your preschool story hours start and how do I arrange for my little girl to attend? I'm chairing a committee meeting at a conference I'm attending next month; do you have *Robert's Rules of Order* — in Braille? My talking book machine needs a new needle. I need *Presidential Power: the Politics of Leadership* by Richard E. Neustadt on tape — can you get it for me?

There isn't a public librarian in the country who shouldn't be able to answer the man's questions and meet his expressed needs — even those special needs — and you'll notice they were very few in the above-mentioned examples — which he has because of his blindness.

In November 1973, the Illinois Library System Directors Organization (ILSDO) created a Task Force on Library Services to the Blind and Physically Handicapped and charged it with the responsibility for

Since writing this article Ms. Zabel has become Assistant Chief for Network Development, Division for the Blind and Physically Handicapped, Library of Congress.

developing standards for library service to those unable to use conventional print because of a visual or physical handicap. The Task Force report, submitted to ILSDO in June 1974, states in its introduction:

It is recognized that smaller community libraries may be unable to provide the special resources required to provide the blind and physically handicapped with the same wide range of quality library and information services available to the non-handicapped. However, the library retains its basic responsibility of providing service to the total community and should provide that service to the handicapped which is within its capacity, with strong support from the system. Responsibility for service which cannot be provided at one level should be shared with libraries at other levels.

The Library of Congress is mandated by federal law to provide books in raised characters (Braille) or in recorded (disc, tape, and cassette) or other formats, plus sound reproducers (record and cassette players) on which to play the recorded books. L.C. extends these materials to eligible borrowers through a system of regional libraries for the blind and physically handicapped, at the state level. Recent years have seen a greater emphasis on extending services from a location even closer to the user; to that end some systems and large public libraries have become subregional libraries. However, it is no more reasonable to believe the library needs of the estimated 3.7 percent of the population unable to use conventional print because of a visual or physical handicap can be met more satisfactorily from a geographically remote location than to believe the same needs of the non-handicapped population can be met similarly. The local public library *must* be the first source of service and information to handicapped as well as non-handicapped users.

What are the benefits of local library involvement in service to the blind and physically handicapped?

1. More eligible borrowers are reached and registered. Community librarians are far more likely to know eligible borrowers or to have contacts with local service, professional, and publicity organizations and agencies whose assistance is necessary to inform the public about the service. This benefit is substantiated by the experience of the Great River Library System which, with the expressed support of its member librarians, became a subregional library in the spring of 1973. At the time service was begun, approximately 85 readers were being served. Two years later, over 500 readers are being served, an increase of 588 percent. Local contact has made a big difference.
2. A greater range of resources is available to the blind or physically handicapped borrower. The entire print and non-print resource of the state — and beyond — is available, the only limitation being the unsuitability of format. With speedy communication among libraries and the development of a corps of volunteers to tape or Braille the needed information, even this problem is being resolved.
3. A greater range of library services is made available to the blind or handicapped borrower at the local level. It is not to be expected that story hours, programs, or book discussion groups sponsored by a subregional or regional library would attract people other than those for whom transportation is simple and practical, which most likely means only

those living in the immediate vicinity of the library. Many local libraries, however, sponsor such things as book talks, storytelling, special subject programs, and reading improvement programs; they also include in their collection records, cassettes, films, art prints, large type, and relief maps and globes. Any of these services may be used at the local level by a blind or handicapped borrower, in spite of his or her handicap.

4. A more personalized service results since the librarian at the local level has more time and opportunity to get to know his or her borrowers as individuals. When large numbers of borrowers are served from a central location there is little opportunity to develop a personal awareness of each one's needs.
5. Service can be offered on a temporary or emergency basis at the local level. Local libraries are encouraged to have a small supply of talking book machine needles and demonstration equipment. If a borrower's needle wears out, he can get a new one without having to wait for it to be mailed to him; if her machine breaks down, the library's can be used while the borrower's is being repaired, so there is no gap in service.

Of course, the benefit to the library is the satisfaction of knowing it is actively working towards the fulfillment of its responsibility for serving its total community.

So next time a blind or physically handicapped person comes into your library, ask him what he wants — the answer shouldn't surprise you at all.

library services for the blind and physically handicapped: yesterday — today — tomorrow

frank kurt cylke
chief

division for the blind and physically handicapped
library of congress
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The provision of library service to meet the needs of special constituencies, including those embracing blind and physically handicapped individuals, is an accepted position in current library planning. Indeed,

the National Commission on Libraries and Information Science (NCLIS) has indicated that such service ranks high in the scale of priorities for their proposed national program and that every "person in America,

regardless of his economic, cultural, or social situation, should have the same right of access to knowledge."¹

Library programming and planning efforts began including public library service for the blind in the late 1800s and early 1900s. The earliest significant effort was launched in Boston in 1868 when the Boston Public Library, on receipt of eight embossed books, established a department for the blind. Before 1900 four large public libraries had followed this example by establishing similar services for the blind.²

These early programs were hampered by two factors: no standard embossed system had as yet gained widespread acceptance and efforts at collection development were local and did not include interlibrary cooperation or coordination.³

The first national program for the blind was developed by the Library of Congress in 1897. John Russell Young, Librarian of Congress, conceived and developed a reading room for the blind with approximately 500 books in raised type.

Following Young's initiative the service developed slowly through the first third of the twentieth century. In 1904 following an Act of Congress, the Post Office Department began permitting the free mailing of embossed material, and in 1913 Congress passed legislation allowing the Library of Congress to expand its collection to include copies of educational books produced in raised type under government subsidy at the American Printing House for the Blind, Louisville, Kentucky.

The Pratt-Smoot Bill, which became law on March 3, 1931 opened a new era for library services to the blind. The bill allotted \$100,000 to the Library of Congress to provide books for blind adults and established a pattern of national accessibility by empowering the Librarian of Congress to make arrangements for qualified libraries to serve as local or regional centers for the circulation of this material. Eighteen libraries were selected to perform this function.

Shortly after passage of the Pratt-Smoot Act a 33 $\frac{1}{3}$ rpm phonorecord was developed, and in 1934 the first talking book record was added to the program. Additional technology has since made possible the production of material on magnetic tape and more recently cassette. Equipment for playing cas-

settes and discs has also become part of the program and is loaned free of charge to all eligible readers.

Since passage of the Pratt-Smoot Act, the program has steadily grown. In 1952 the word "adult" was deleted from enabling legislation, resulting in the extension of the service to all blind persons. The library's service was further increased when in 1962 a special Act of Congress authorized the Librarian of Congress to "establish and maintain a library of musical scores, instructional texts, and other specialized materials for the use of blind residents of the United States and its possessions." A marked increase in eligibility was also realized in 1966 when the physically handicapped were added to the program.

Operating through the Division for the Blind and Physically Handicapped, the Library of Congress today runs a program with an annual budget in excess of \$11 million. There are 144 participating regional and subregional libraries in the division's program, which currently serves more than 400,000 blind and physically handicapped persons.

The basic mission of the Division for the Blind and Physically Handicapped is to provide books and magazines, and the equipment with which to play them, to persons unable to utilize regular print because of visual or physical handicaps.

Service Centers Established

The Library of Congress has been aware since the inception of its program that service from a single centralized source would be impersonal if not impractical. As a result, centers were established throughout the country, each responsible for providing library service to a specific geographic area. These centers are generally attached to state library agencies, commissions for the blind, or large public libraries, and they constitute the regional library network.

The network system has been highly successful and has led many of the regional libraries to localized service even further. This has been accomplished through the designation of subregional libraries designed to serve the residents of specific segments of the regional library's total jurisdiction.

The network system has been further refined by the establishment of machine lending agencies and, more recently, multistate centers. The multistate centers represent an attempt to solve storage and logistic problems so that the cooperating libraries in the network can be more readily supplied with reading materials. More specifically, the multistate centers house and lend materials available in the national program;

¹National Commission on Libraries and Information Science. *A National Program for Library and Information Services*. (Final Draft) March 19, 1975.

²Chicago, Illinois; Detroit, Michigan; New York, New York; Philadelphia, Pennsylvania.

³Steven J. Herman. "Information Center Profile: Library of Congress, Division for the Blind and Physically Handicapped." *Information*, November 1974, pp. 287-288.

act as focal points for volunteer production of material; maintain and circulate special collections of lesser-used materials, including back issues of magazines and volunteer-produced books; store and lend sound reproducers and allied equipment, furnishing replacement parts and backup repair service for these items; and supply other nationally produced program materials such as brochures and catalogs.

Future Growth

A popular and well-accepted public service like the Library of Congress program for blind and physically handicapped readers usually supplies much of its own momentum for increase and growth. However, growth alone will not necessarily assure the best program relative to resources invested in it. A successful program requires long-range planning based on experience, the best data available regarding present operations, and the best projections that can be made about the future.

Rate of growth is an important factor in planning for the future. The program's growth rate for the past several years has been 10 percent or more. Readers numbered 421,300 in fiscal year 1974, an all-time high. In the last 5 years circulation has doubled, increasing from approximately 5 million to more than 11 million items.

This recent expansion is largely the result of the passage of two significant federal laws in 1966. The first made library services available to those who could not read ordinary print for reasons other than legal blindness. The second was the 1966 Library Services and Construction Act amendments that made federal grant funds available to state library agencies for the purpose of establishing or improving library services to blind and handicapped persons under approved state plans. These LSCA funds had the salutary effect of strengthening the national library network for the blind and physically handicapped readers at the base of the pyramid; that is, at the point at which services are closest to the reader.

If the present rate of growth continues, the network may well be asked to serve close to a million readers before the end of the decade. Projected future activities will, therefore, require expanded funding geared toward developing a broader program utilizing modern technological developments.

In the immediate future, monies made available by Congress will be used to:

1. Meet sound reproducer needs.
2. Alleviate book shortages through the provi-

sion of additional titles and copies.

3. Reevaluate the Braille position with specific attention directed toward pertinent existing, emerging, and projected technologies — such as computer applications.
4. Expand the use of volunteers.
5. Expand network participation.
6. Seek potential users unable to read print for reasons other than visual handicaps.
7. Provide appropriate administrative support.

All of these goals will be met with the assistance of consumers and librarians.

Conversion Program

An important aspect of the program affecting all future planning is the division's decision to convert recorded books and magazines from rigid discs to cassettes and flexible discs. The conversion is scheduled to begin in fiscal year 1976 and is expected to take five years to complete.

In order to achieve a smooth transition, the Division for the Blind and Physically Handicapped contracted to develop a planning study for the conversion program. The division requested that implications involved in the establishment of future policies and standards related to the conversion be thoroughly evaluated. These policies included:

1. The decision that new or replaced recorded editions of books selected for national distribution be issued in a tape-cassette format only.
2. The decision that recorded editions of popular magazines be issued only on flexible discs. Highly specialized magazines would be issued on tape cassettes.
3. Adoption of the following new technical standards:
 - (a) Cassette books, both 2-track and 4-track, would play at 15/16 ips, and cassette-book machines would provide this speed.
 - (b) Disc magazines would play at 8 1/2 rpm, and phonograph equipment would provide this speed.
4. The opinion that in order to achieve a smooth conversion, it would be necessary to maintain the current capability to supply eligible readers with existing 33 1/3 rpm, 16 2/3 rpm, and 8 1/2 rpm hard-disc recorded books, existing 1 7/8 ips cassette books, and existing cassette book machines that play at the 1 7/8 ips speed only.

During this study, the capability of the division to provide the following actions was also evaluated:

1. To provide adequate service to a readership that is increasing at a rate of 20 percent a year.
2. To accomplish the conversion smoothly in a period of 3 to 5 years.

Technical and administrative recommendations were made and are currently under review.

Cooperative Planning

One significant point has been left till last — for emphasis! Cooperative planning must be implemented to "define and clearly assign to the appropriate levels of government — national, state, city, county, school district, and other — responsibility for those aspects of library service for the blind and visually handicapped which are most effectively and most efficiently performed at that level."⁴ This charge by the COMSTAC Committee on Standards for Library Services for the Blind in 1966 is as applicable now as it was several years ago. The Library of Congress, through the Division for the Blind and Physically Handicapped, accepts national responsibility in this area and will coordinate such planning.

Conclusion

In conclusion I stress four points. The Division for the Blind and Physically Handicapped, Library of Congress, will continue to:

1. Strive to provide high quality service to all qualified blind or physically handicapped individuals who wish it — on an equal basis.
2. Explore new funding approaches for their network participants, assist regional libraries

in refining procedures and routines and, at the same time, explore new supply and service configurations.

3. Work to develop cooperative planning, on a national level, to the end that all libraries will be able to assume their appropriate responsibilities.
4. Seek and heed consumer and library opinions.

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⁴Commission on Standards and Accreditation of Services for the Blind. *THE COMSTAC REPORT: Standards for Strengthened Services*. New York, 1966.

a new level of cooperation in multi-state centers

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What creature is one of two in existence and has thirteen limbs? The Multi-State Center for the South (MSCS), operated under contract to The Library of Congress' Division for the Blind and Physically Handicapped. The Western Multi-State Center, operated by the Utah State Library Commission's Regional Division for the Blind and Physically Handicapped is the only other like creature in existence.

The Library of Congress plans eventually to establish one multi-state center for each region of the country. Each center's basic functions are to:

1. House and lend all materials that are available in the national program.
2. Act as a focal point for volunteer production of materials in its area.
3. Maintain and circulate special collections of lesser used materials including back issues of magazines, cassette and Braille books selected for the National Collections program, and books produced by volunteers in its area.
4. Store and lend sound reproducers and allied equipment.
5. House and ship nationally produced program promotional materials such as brochures and catalogs.

Book Collection

Florida's MSCS operation got off to an inauspicious start, as the first shipment of material, a Brailled collection shipped in June 1974 by commercial carrier, actually was lost in transit for over a week. As it turned out, the original truck driver became ill

and parked the truck in Raleigh, North Carolina, was hospitalized, and there it sat for a week while another driver was located to convey the shipment to Florida. The talking book library had not circulated Braille before its establishment as a Multi-State Center for the South. Until September 1974, Braille service to Floridians had been provided under contract by the regional library in Atlanta, so a Braille collection had to be built up from nothing. The Library of Congress supplied an initial group of books. Regional libraries in the south and other areas of the country were extremely cooperative in supplying Braille to fill in the gaps, particularly of some of the oldest material. As of the end of May 1975, the MSCS book collection included 4,126 Braille volumes, 86,749 talking book containers, 8,838 cassette volumes, and 1,214 open-reel tapes. The Library of Congress has increased the talking book library's basic allotment of newly recorded books. In addition, the MSCS was given first choice at selecting reading material from excess lists from other regional libraries. In addition, a backfile of older periodicals has been established.

The MSCS Receives Many Requests Via Telephone

The MSCS actually became operational in September 1974. This coincided with the installation of an inward WATS line for use of eleven of the thirteen regional libraries utilizing the center, which include: Alabama, Arkansas, Georgia, Louisiana, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia. The Texas regional library calls collect, and the MSCS calls the Puerto Rico and Virgin Islands regional libraries at least once a week.

The current success rate for filling requests is 52

percent. Material not available from the MSCS is either placed on reserve or requested from the Division for the Blind and Physically Handicapped (DBPH) in Washington, D.C. Users of the MSCS have been pleased with the speed with which requests have been handled. This can be attributed to maximum utilization of the WATS line for requesting items which have a time limit, and also priority given to requests from the thirteen regional libraries. Before the establishment of the MSCS, it was necessary for DBPH to handle requests for all 53 libraries. Since DBPH does not have a large direct service staff, the establishment of the two multi-state centers meant that interlibrary loans could be handled more efficiently.

Southern Conference Supports Multi-State Center

The following resolution was passed at the Second Biennial Meeting of the Southern Conference of Librarians for the Blind and Physically Handicapped held in Atlanta in April 1975.

Resolution Number 75-10: Multi-State Center for the South

" . . . WHEREAS the Florida Multi-State Center provides supportive services to the regional and subregional libraries within the South, and

WHEREAS the members of the Southern Conference of Librarians for the Blind and Physically Handicapped feel that the services provided by the Florida Multi-State Center have proven beneficial and have allowed regional libraries to offer a wide range of services to their patrons,

BE IT RESOLVED by the members of the Southern Conference of Librarians for the Blind and Physically Handicapped, in meeting assembled on April 23, 1975, in Atlanta, Georgia, that this program be continued and expanded. . . ."

It is interesting to note that users of the MSCS support it wholeheartedly, although a few public criticisms of the concept have been made by individuals affiliated with regional libraries other than those served by the two centers.

Greatest Strides Made by MSCS in First Year of Operation

1. *Improvement of collection and birth of a unique collection to meet the needs of a*

specific area of the country, namely, southern readers.

2. *Coordination of the use of volunteers within the entire southern regional, as well as the sharing of volunteer-produced material among MSCS libraries.* For example, the magazine *Southern Living*, which is recorded by volunteers in Florida, would be of interest to readers in most of the south, and submasters of this magazine, as well as others, are being supplied by the MSCS to states desiring them.

Other magazines being recorded by the MSCS and distributed to other states include:

Family Health
Florida Conservation News
Florida Lions
Florida Skip
Florida Sportsman
Florida Trend
Fun Journal
Humpty Dumpty's Magazine
The Lion
Parents Magazine
Redbook
Southern Folklore Quarterly
The Southern Review
Woman's Day
Young Miss
The South

3. *Distribution of open-reel submasters for cassette books produced by The Library of Congress.* Those regional libraries which have gone into duplication of cassette books on a large scale have learned quickly that cassette masters do not hold up when used repeatedly on high speed duplicating equipment. At a national conference several years ago regional librarians requested that the DBPH provide each regional library with open-reel submasters of cassette books. According to DBPH economic considerations prohibit mass distribution of submasters at this time, however, it has been decided to allocate this function to the multi-state centers, and open-reel submasters are being supplied by Daytona Beach to twelve of the MSCS users.

4. *Distribution of supplies, promotional literature, and equipment.* The Library of Congress has found it convenient and economical to have manufacturers drop-ship large quantities of supplies to the MSCS for redistribu-

tion to regional libraries when needed. Many regional libraries are extremely crowded and do not have room to store supplies not needed immediately.

5. *Recruitment and training of volunteers for multi-state center work.* Volunteers are attracted by the concept that the books they record or Braille will be available to a larger audience than just to blind and handicapped in their own state. This is making it easier for individual states to recruit volunteers. Also, negotiations have begun with several large volunteer taping groups which have agreed to produce books on a regular basis for the MSCS and its users.
6. *Production of specialized bibliographies and reading lists.* The MSCS plans to compile subject bibliographies which can be printed in large type on the MSCS offset press for distribution to readers throughout the MSCS area. The first listing, which includes short stories, is being printed at this time.
7. *Acquisition of Spanish language materials.* At the Second Biennial Southern Conference of Librarians for the Blind and Physically Handicapped in Atlanta, one of the major items discussed was the lack of sufficient Spanish language material. The MSCS was given the charge of contacting the Comité Internacional Pro Ciegos (CIPC), an active volunteer-sponsored nonprofit organization in Mexico City, which provides reading material, rehabilitative, and social services to work out arrangements for obtaining Spanish language Braille and recorded material produced by that organization and, also, from the Comité's contacts in Spain. After Mrs. Ruth Covo spoke about CIPC activities at the Atlanta conference, cassette books recorded by volunteers in Mexico were secured for evaluation of their suitability for duplication. It was found that some of the material could not be duplicated because high speed duplicators require a 30-second lead which had not been provided; however, such problems can be worked out. Perhaps, as a result of the increased cooperation among regional libraries and other organizations, production standards and evaluation criteria will be devised, so that any regional library or multi-state center ordering material from a production source will know the quality of the material. One Florida cassette reader contacted Carolyn Leitch the MSCS volunteer coordinator,

who herself is legally blind, to say that she really enjoyed reading *Woman's Day* which is recorded by volunteers for the MSCS; however, she felt that her dog had better elocution than the volunteer reading a particular article. Although such comments are enlightening to the staff, they are frustrating to deal with, as volunteers always do not appreciate such frankness. While volunteers contribute substantially to the program, their priorities sometimes are rather different from those of the library and its users. One Braille transcriber in Orlando worked very diligently to produce a multi-volume Braille book for which the MSCS had received 47 requests from 20 states. After completing the Braille transcription, the volunteer neglected to turn it in before going on vacation, so that it could be thermoformed for immediate distribution. When she arrived back from vacation, she immediately provided the master so that the copies could be made; however, three weeks were wasted because the book was locked up in her home.

The Future, and Staff Required

The staff of the MSCS feels that the real action in the program is going to be in the area of production of material and the provision of unique material. Already, duplication submasters and copies of cassette and tape books needed by MSCS users is occupying the major portion of the time of the six full time equivalents of staff working on this program. Two audiovisual technicians work on material for the Florida collection. Stephen Prine, assistant director of the Florida Regional Library, acts as MSCS coordinator. Mrs. Theresa M. Smith, a Clerk III, who has been with the talking book library for three years, is Mr. Prine's chief assistant on this program.

Space Required

The only problem encountered has been the tremendous amount of space required. The MSCS and Florida Regional Library are composed of five buildings, one 4,000 square foot office building, one 10,000 square foot bookstacks, one 4,000 square foot mail, a 3,000 square foot storage building for machines, and a newly rented 2,500 square foot storage facility for catalogs and other supplies. A 10,000 square foot addition to the library bookstacks was

included in the budget request for fiscal year 1976. The Florida State Legislature did not approve this request, and it is anticipated that the shelving will be filled to maximum capacity by the end of the next fiscal year. This will necessitate heavy weeding. It is hoped that the next year will be a better economic year, and that the Florida Legislature would look with more favor upon an addition to the talking book library. If not, the rental of additional storage space will be necessary, and it may even be necessary to shelve

some older, rarely used materials, such as magazines, in auxiliary storage.

Mid-West Wants Multi-State Center

It should be noted that regional libraries from the Mid-Western Conference went on record at their recent meeting in support of the establishment of a multi-state center for that area. Thus, there soon may be three such critters in existence!

library service for the blind and physically handicapped: a network approach for illinois

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As with all cooperative networks there is a basic premise or goal upon which the cooperative venture is founded. In Illinois the encompassing goal for all library development, coordinated by the State Library, is to bring about "the assured provision of excellent library service for all residents of the state so that the need for cultural, educational, informational, and recreational resources can be met, and the governmental and economic development of the state can be fostered." The basic unit of all Illinois networking efforts is the local library, whether public, academic, school, or special. This, then, is the *raison d'être* of networking, support and backup to the local library so it can meet all the library related needs of all its residents.

Illinois has a history of library service for the blind and physically handicapped dating back to the early days of the Library of Congress program. The challenge was to refocus the attention of the library community and blind and physically handicapped persons on local library service, rather than continuing the myth that persons with needs for special services are someone else's responsibility (the Library of Congress and its volunteer regional libraries).

It is easy to understand how forty years of service, direct to the user from regional libraries for the blind and physically handicapped and its bypassing

of local libraries, slowly created the impression among the general library profession that these people were no longer their concern.

The amendment of LSCA in 1967, to include funding for state libraries to coordinate and strengthen services for the blind and physically handicapped, began the efforts of development persons in many state library agencies to find a place for the service within the total development plan of the state. Various studies were conducted throughout the United States and published in the late 1960s and early 1970s. Many of these reaffirmed the state and local responsibility for assuring library services for all residents and the need for integration of special service clientele into regular library programs. But how was this to be accomplished?

The first effort to implement local responsibility for service in Illinois began in 1968 when the regional library in Chicago applied for a LSCA grant to establish and coordinate a system of subregional libraries. After some experimentation it was concluded that the emerging public library system would be the focal point for what was then termed "decentralization." Several system directors assumed that Chicago was trying to shove their responsibilities for serving the blind and physically handicapped off onto the systems. Others felt that decentralization would

weaken the effectiveness of the services, but a majority of the systems established subregional services in the following three years.

Decentralization, to bring service closer to the user, was the theme. It was a good theme, but it did not put the movement into the perspective of library system development. If systems were support agencies for member public libraries, and member public libraries did not serve the handicapped, why should the systems bypass their member libraries by providing "direct" services? The answer to this question, that the Library of Congress, the regional and subregional libraries are a network for support of local library service, was slowly developed and accepted.

In FY 1975 the Illinois State Library received its first appropriation from the General Assembly to fund (\$170,700) the regional library in Chicago, and to supplement (\$376,380) the library systems area and per capita grants for costs incurred in supporting library services for the blind and physically handi-

capped which were in excess of nonspecialized library system service costs.

Funding was based on \$30 per capita cost estimates from the study, "Improving Library Services to the Blind, Partially Sighted, and Physically Handicapped in New York State. . . ." However, consideration was given to the costs local libraries and systems should already be meeting through regular library service programs. The Illinois formula, then, was aimed at supplementing systems for extra costs necessitated by the special formats, equipment, and additional personnel to support local libraries in adequately serving their blind and physically handicapped residents. Each system received a \$7,000 base grant plus \$10 per eligible person to be served, based on a goal established by the State Library. It was assumed that most services provided by local libraries would be regular library services and supplemental funding at that level would be unnecessary.

FY 1975 Library System Supplemental Funding

Based on ISL Objectives to Serve 6 Percent of Eligible

System	Population	Estimated Eligible @ 3.7%	6% to be Served	Budget 1975
Bur Oak	402,930	14,908	868	\$ 15,680
Chicago	3,369,359	124,666	7,576	82,760
Corn Belt	168,389	6,230	368	10,680
Cumberland Trail	224,798	8,318	506	12,060
DuPage	545,206	20,173	1,163	18,630
Great River	182,200	6,741	410	11,100
Illinois Valley	401,534	14,857	904	16,040
Kaskaskia	342,606	12,676	771	14,710
Lewis & Clark	388,854	14,388	866	15,660
Lincoln Trail	426,222	15,770	959	16,590
North Suburban	1,244,446	46,045	2,739	34,390
Northern Illinois	711,858	26,339	1,608	23,080
River Bend	211,628	7,830	476	11,760
Rolling Prairie	429,743	15,900	967	16,670
Shawnee	319,819	11,833	720	14,200
Starved Rock	162,097	5,998	365	10,650
Suburban	1,527,526	56,518	3,343	40,430
Western	190,736	7,057	429	11,290
	11,249,951	416,248	25,038	\$376,380

Upon announcement by the State Library of available supplemental system funding for the program, and the expectation that the five nonparticipating systems would begin service by 1 January 1975, the Illinois Library System Directors Organization appointed an *ad hoc* Task Force on Library Service for the Blind and Physically Handicapped to develop standards. The Task Force, at its first meeting, reviewed "Standards for Library Services for the Blind and Visually Handicapped," ALA 1967, and "Measures of Quality: Illinois Library Association Standards for Public Library Service in Illinois." After considerable discussion, it was decided that adequate standards existed. The problem was to define activities for implementing those standards so local, system, and state levels of the network would know what was expected of them and at what point service should be referred up to the next level of the network. It was decided that responsibility for serving the blind and physically handicapped clearly belonged to the local library.

The state library agency had become a critical factor in assuring the quality of library services for the blind and physically handicapped. Many state library agencies were authorized in their state statutes to coordinate statewide library development of all types of libraries for the benefit of all residents of the state. Such was the case in Illinois. Even when state laws were not so specific as in Illinois, the responsibility for administering LSCA funds, and the resultant five-year plans required by the U.S.O.E. of state library agencies, put state libraries into a responsible role for coordinating such services whether the regional library was a part of the state library agency or not.

Library service for the blind and physically handicapped had to be integrated into the statewide plan in order to properly integrate the blind and physically handicapped person into regular library services. Also, the implications of coordinating networks and networking activities at the state level requires a strong commitment and integration of the service into the statewide programs of state library agencies.

In Illinois, as in several other states, the implementation of state funding to support regional libraries and supplement subregional services provides another base for state library agency input into the total program. New relationships were developed among local, system, state, and other agencies involved in providing library services for the blind and physically handicapped and the Library of Congress, as roles were defined in terms of networking as a support service for the local library. One could no longer view library services for the blind and physically handicapped merely as a Library of Congress

program. Rather it was a local public, school, or academic library program with extensive support through specialized materials, equipment, and expertise from the system/subregional, regional/state, and Library of Congress/federal levels of networking.

Since this program was funded and administered in Illinois as a part of the Illinois Public Library Systems Act, in coordination with the Library of Congress and its designated regional library, the Chicago Public Library, some well defined relationships needed to be established. It was quickly decided that the in depth expertise for service for the handicapped should be on the staff of the regional library. The state library consultant would be responsible for working with the various units to assure services were planned and implemented within the context of the State Library's long-range program and policies. Also, the former advisory council to the regional library was expanded in membership and became the Illinois State Library Advisory Committee on Library Services for the Blind and Physically Handicapped.

The library system's participation was coordinated and monitored by the regional library with support from the State Library. The State Library distributed funds to the library systems under its authority as administrator of the Public Library Systems Act and the Public Library System Rules and Regulations, particularly Rule 81-114.3:A. "Wherever applicable, the program of any library system and all of its activities must be conducted in accordance with the standards prescribed in: *Public Library Service: A Guide to Evaluation with Minimum Standards*, 1956, and as amended or revised thereafter," and Standard number 26, "The library system serves individuals and groups with special needs . . . the physically handicapped, such as the blind." In order to clarify the applicability of the System Rules and Regulations the following has been proposed but not yet adopted:

(Proposed) Rule 81-114.6: Service to the Physically Handicapped

- A. Wherever applicable, the program of any library system of service to the physically handicapped must be conducted in accordance with the policies of the Illinois State Library and the Library of Congress Division for the Blind and Physically Handicapped. The recommendations for implementing said services by the Illinois Library System Directors Organization's Task Force on Services to the Blind and Physically Handicapped, May 29, 1974, and as amended or revised hereafter, should be used in program planning.

- B. Although special format materials limited in use by copyright to those persons specified in PL 81-522 must remain so restricted in use, it is the intent of this program that services shall also be developed and implemented for persons with other physical handicaps which cause reading difficulties, such as, learning disorders and the hearing impaired.
- C. Each library system must annually submit to the Director of the State Library a plan of service specifying its goals, objectives, activities, and budget for the grant. Said plan shall be submitted by May 15th of each fiscal year for the following fiscal year's program and must have the concurrence of the Illinois Regional Librarian for the Blind and Physically Handicapped.

Library System Services for the Physically Handicapped: Administrative Procedure

- A. The State Library with the advice of the Illinois Regional Librarian for the Blind & Physically Handicapped shall appoint an advisory subcommittee of not more than fifteen (15) persons representative of public and private agencies serving the handicapped, consumer groups, library systems, public libraries, citizens, and library trustees. Said subcommittee shall advise the State Library concerning its policy and program of service for the physically handicapped.
- B. Systems plans of service shall be submitted to the State Library and the Regional Library for review by March 1 of each fiscal year. The State Library and the Regional Library shall return the plans with comments and recommendations by March 30th. The final plans of service shall be submitted to the Director, State Library for approval by May 15th of each fiscal year.
- C. The State Library consultant for services to the physically handicapped and the Regional Librarian shall be jointly responsible for the monitoring and evaluation of the implementation of the plans of service and the provision of consultant services on a continuing basis. Major responsibility for critiquing the plans of service before submission to the Director, State Library for approval shall rest with the Regional Librarian.
- D. Funds for the program shall be disbursed to the systems on a quarterly basis.

- E. Each library system must keep a separate fund account for the program. This account must be included in the regular annual system audit and must show all receipts and expenditures separately.
- F. Each library system may establish an operating reserve of not more than three months expenses for this program.

The relationship of the State Library and the Illinois Regional Library for the Blind and Physically Handicapped could not be handled as a part of the system rules and regulations due to its function as a statewide service, or more to the point, the view of the Illinois State Library that this activity is a State Library service which is contracted to an agency jointly approved by the Library of Congress and the State Library. Therefore, the relationships involved are defined through contractual agreements. One agreement is the "Lending Agency Service Agreement for Sound Reproducers and Other Reading Equipment" between the Library of Congress, the Chicago Public Library, and the Illinois State Library. The other is the "Agreement: Illinois Regional Library for the Blind and Physically Handicapped — Chicago Public Library, FY 1975."

AGREEMENT

Illinois Regional Library for the Blind and Physically Handicapped — Chicago Public Library, FY 1975

THIS AGREEMENT made and entered into this _____ day of _____, 1974, between MICHAEL J. HOWLETT, not individually, but as Secretary of State of the State of Illinois, hereinafter referred to as the ILLINOIS STATE LIBRARY, and the BOARD OF DIRECTORS OF THE CHICAGO PUBLIC LIBRARY, hereinafter referred to as the LIBRARY.

WHEREAS, it is the policy of the Illinois State Library to assure the provision of excellent library service to every resident of the state of Illinois, and,

WHEREAS, due to the need for specialized materials and equipment to provide library services for blind and physically handicapped residents, libraries individually cannot provide such services, and,

WHEREAS, the Library of Congress is, under Section 135a., 135a.-1 and 135b. of Title 2, U.S.C., responsible for planning and conducting a national program of providing free reading materials to the nation's eligible blind and physically handicapped residents as defined in Public Law 89-522, and,

WHEREAS, the library has been designated by the Library of Congress as its Regional Library for the Blind and Physically Handicapped, and the Illinois State Library has concurred in this designation, and,

WHEREAS, the Illinois State Library has designated the library as its agency to provide central services for those blind and physically handicapped residents who are eligible for the state-supported service, and,

WHEREAS, the library is conducting for the state of Illinois a statewide program of library service for the blind and physically handicapped as defined in the Public Library System Rules and Regulations and Illinois State Library policy, and,

WHEREAS, the services are necessary and valuable to the blind and physically handicapped residents of Illinois, and,

WHEREAS, such library service is one within the purposes of the law,

NOW THEREFORE, for and in consideration of the mutual undertakings and covenants as herein set forth, and of other good and valuable considerations, the receipt and sufficiency of which are mutually acknowledged, the parties do hereby agree and covenant as follows:

THAT the Illinois Regional Library for the Blind and Physically Handicapped shall be administered in the following manner:

PART A

1. The program of service for the blind and physically handicapped shall be administered by the library in accordance with the policies of the Illinois State Library and the annual plan of service as included herein attached hereto and hereof made a part of this agreement.
2. The library shall give library service and coordinate a statewide library program for blind and physically handicapped readers under the provisions of an annual plan of service to be submitted to and approved by the director of the Illinois State Library in September of each fiscal year for the following fiscal year. The duration of this program shall be from the execution hereof until June 30, 1975.

PART B

The Illinois State Library shall:

1. Reimburse the library for expenses as budgeted in the annual plan of service as approved by the director of the Illinois State Library. Payments shall be made from funds

appropriated to the Secretary of State as State Librarian by the General Assembly for this purpose. Payment shall be made quarterly upon condition that the director of the Illinois State Library is satisfied that the library is implementing the annual plan of service as attached and made a part of this agreement.

2. Appoint, with the advice of the library, an advisory subcommittee of not more than fifteen persons representative of public and private agencies serving the handicapped, users of the service, library systems, public libraries, citizens, and trustees. Said advisory subcommittee shall advise the Illinois State Library concerning its policies and program of service for the blind and physically handicapped.
3. Provide consultant services, monitor, and evaluate the services performed by the library for the blind and physically handicapped. Staff of the Illinois State Library shall visit the regional library at least quarterly and review the program with personnel of the library. This review shall be based upon the annual program of service and upon actual operation of the library. The Illinois State Library shall furnish a written report of this evaluation to the library.
4. Assure the best possible use of resources provided by the Library of Congress Division for the Blind and Physically Handicapped to the state of Illinois through the library.
5. Assist the library in providing consultant services, monitoring and evaluating library system plans of service for the blind and physically handicapped and their implementation. The library and the Illinois State Library shall review jointly the annual revision of the system plans of service and shall arrange a schedule and procedure for monitoring the services. The Illinois State Library shall assist the library in monitoring the program as required on the basis of requests from the systems and from the library.

PART C

The library shall:

1. Make available services outlined under provisions of its annual plan of service for blind and physically handicapped readers as approved by the director of the Illinois State Library.

2. Provide to the Illinois State Library such information as is necessary to monitor and evaluate the service.
3. Provide to the Illinois State Library no later than September 1, annually, a proposed plan of service and budget for the following fiscal year.
4. Provide to the Illinois State Library no later than August 31 of each year, a certified public audit of all receipts and expenditures incurred pursuant to the implementation of this agreement, and supply to the Illinois State Library an inventory of assets purchased with funds made available to the library pursuant to this agreement for this service annually.
5. Recommend policy for the program to the Illinois State Library.

PART D

Conditions:

1. Expenses for this service in excess of the appropriation of the General Assembly and any special grants from other sources may be incurred at the discretion of the library. Such expenses shall be met by the library and shall further the implementation of the annual plan of service.
2. Any changes either in the operating budget or in the service in general from the approved annual plan of service shall be approved in advance in writing by the director of the Illinois State Library.
3. Funds received by the library from the Illinois State Library under this agreement shall be deposited and held in a separate account established and designated for the Illinois Regional Library for the Blind and Physically Handicapped. The funds received by the library from the Illinois State Library pursuant to this agreement shall be expended pursuant to the provisions of the attached plan of service.
4. All receipts and expenditures relating to this program shall be subject to audit.
5. It is understood that this agreement may be terminated by either party upon thirty days written notice. Failure by either party to perform the covenants of this agreement will be considered just cause for termination of this agreement.
6. This agreement is subject to annual review by the parties hereto.

IN WITNESS WHEREOF, the respective parties hereto have caused this agreement to be executed this _____ day of _____, 1974

CHICAGO PUBLIC LIBRARY

President, Board of Directors

Secretary, Board of Directors

ILLINOIS STATE LIBRARY

Kathryn J. Gesterfield,
Acting Director

MICHAEL J. HOWLETT,
Secretary of State and
State Librarian

Statement of Policy

The Illinois State Library is now responsible for the development of policies governing the operation of this service. These policies may be changed upon the recommendation of the Illinois State Library, the Chicago Public Library, Illinois Library Systems, appropriate committees of the Illinois Library Association, clientele of the program, and other interested persons. Each year the State Library and the Chicago Public Library shall review the annual plan of service and the proposed contract for the ensuing year. Changes in policies for this program will be made jointly at that time if possible.

Policies of the Illinois State Library which apply to the internal operations of the State Library, including circulation and use of library and collection development, do not apply to this program, unless agreed to by the Chicago Public Library and Illinois State Library and included in the Annual Plan of Service. The program as developed does adhere to the general development policy of the State Library. For example, services shall be provided through systems, where possible, and continuing services will be funded by state funds.

Although special format materials limited in use by copyright to those persons specified in PI 89-522 must remain so restricted in use, it is the intent of this

program that services shall also be developed and implemented for persons with other physical handicaps which cause reading difficulties, such as, learning disorders and the hearing impaired.

Conclusion

As can be seen from the above, Illinois has made considerable progress toward the development and implementation of a network approach to the provision of library services for the blind and physically handicapped. The structure has carefully been evolved over the past eight years. There is still a tremendous challenge — the expansion of services to those persons already being provided with services, and the locating and serving of those 9.4 percent estimated eligible persons not yet served. While defining and implementing the structure of the network in the past three years, Illinois librarians have at the same time increased the number of active readers and circulation by over 100 percent. Although this is statistically a great achievement, the effort must be maintained. It is hoped that through increased involvement of local public librarians even greater successes will occur in the next five years.

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implementing library services for the blind and physically handicapped

a report of the task force on services to the blind and physically handicapped of the illinois library system directors organization

Introduction

Many Illinois librarians have been unaware of their responsibilities for providing library service to the blind and physically handicapped in spite of the fact that in recent publications both the Illinois Library Association and the Illinois State Library have said that the public library has the responsibility for serving its total community, of which an estimated 3.7 percent are unable to use conventional print because of a visual or physical handicap (estimate obtained from Reference and Information Section, Division for the Blind and Physically Handicapped, Library of

Congress). *Measures of Quality: Standards for Public Library Service in Illinois*, adopted by the Illinois Library Association in 1971, defines the public library as "... the only educational institution in America accessible to all citizens regardless of age, sex, race, occupation, or interest." In 1972 the State Library adopted its five year long-range program, *Meeting the Challenge*, the stated goal of which is, "... the assured provision of excellent library service for all residents of the state so that the need for cultural, educational, informational, and recreational resources can be met, and the governmental and economic development of the state can be fostered." The objectives relating to service to the physically handicapped are included in the public library development section of the long-range program.

Members of the Task Force: Anthony Baldarotta, Dee Dee Bradbury, Robert Ensley, C. Ray Ewick, Mary T. Howe, Robert McClarren, Camille Radmacher, Matthew Witczak, and Ellen Zabel, chairman.

It is the feeling of the Task Force on Library Services to the Blind and Physically Handicapped, created by the Illinois Library System Directors Organization in November 1973, that many librarians at various levels have overlooked their responsibility to this clientele for two reasons: one, they think of blind and physically handicapped persons as "special" or "different," with needs which differ from those of the rest of the community, and they feel incompetent to meet those needs; and, two, they are unaware of how and where they can receive the necessary resources and direction to implement a service program to this group.

The ALA *Standards for Library Services for the Blind and Visually Handicapped state:*

Blind readers, the majority of whom live in normal community settings, require library service in a multitude of ways — as children becoming acquainted with a child's world; as students in school; as persons learning a trade or profession in order to make a living; as citizens and voters who need to be informed; as children and adults who need factual information in connection with an infinite variety of subjects; as children and adults who have leisure time to fill; and finally, but by no means least, as people who need the guidance, the stimulation, and the satisfaction that reading can bring.

In other words, the interests of this group are not special; their needs are special only in that alternative formats to conventional print must be provided to enable them to read. And because mobility may be restricted for some blind and physically handicapped persons, a special effort should be made to publicize and extend library service to this group.

In order to assist the public library in its attempts to serve the blind and physically handicapped, the Task Force has developed this report which is intended as an implementation document for meeting the standards in *Measures of Quality* as they relate to serving the blind and physically handicapped. It is recognized that smaller community libraries may be unable to provide the special resources required to provide the blind and physically handicapped with the same wide range of quality library and information services available to the non-handicapped. However, the community library retains its basic responsibility of providing service to the total community and should provide that service to the handicapped which is within its capacity, with strong support from the system. Responsibility for service which cannot be provided at one level should be shared with libraries at other levels. In order to better define such responsibilities, this document is addressed not only to

community libraries, but also to system, regional, and federal libraries, without the support of which the community library cannot be expected to provide meaningful service.

The numbers in this report correspond to the standards numbers in *Measures of Quality*; the two documents should be used together.

The lettered sections following each numbered standard recommend levels of activities for implementing the standard: A = local/public or other library, B = the public library system/subregional, C = the state/regional library, and D = the federal/Library of Congress.

II. Service

7. Each public library should adopt clear long-range objectives.

*An estimated 3.7 percent of the population, or 37 in 1000, are unable to use conventional print because of a visual or physical handicap.

Each library unit in the public library network, including community, system, regional, and federal, should include services for the handicapped population in long-range planning.

8. The public library should be an integral part of the community it serves, a lively center of ideas and activities.

*Blind and physically handicapped readers should be informed about other programs and services available to them.

- A. The community library should keep a file of local groups, agencies and organizations serving or working with the blind or handicapped.
- B. The system library should maintain a file of area groups, agencies, and organizations serving or working with the blind and handicapped.
- C. The regional library should maintain a file of state groups, agencies, and organizations serving or working with the blind and handicapped.
- D. The Library of Congress maintains a file of national groups, agencies, and organizations serving or working with the blind and handicapped.

11. The public library should provide factual information and professional guidance in the use of its reference sources and, through the proper channels, sources available outside the immediate community.

*Most reference service done for blind and physically handicapped readers, due in some cases to limited mobility, as well as to limitations imposed by the formats of reference materials, will be handled by telephone.

- A. The community library should advise individuals that materials can be produced in special formats for their use and should forward unfilled reference requests to the system.
 - B. The system should provide backup reference service, forwarding unfilled requests for information about blindness and physical handicaps to the regional library.
 - C. The regional library should serve as a special R & R center for specific questions about blindness and physical handicaps.
 - D. The Library of Congress provides in depth reference service on special questions relating to blindness and physical handicaps.
12. The public library should provide guidance and counsel in the use of all media. It should seek to develop appreciation of the potential in these resources, and to stimulate interest in materials of significance for personal growth and civic competence.
- A. The community library should make a special effort to involve blind and physically handicapped readers in book talks, storytelling, special subject programs, and reading improvement programs. The community library should inform readers of and guide them in the use of conventional library materials which their handicap might not prohibit their using, e.g., records, cassettes, films, art prints, and large type. The community library should also offer guidance in the interpretation of bibliographies and catalogs, the preparation of readers' request lists, and the availability of materials which might be produced in Braille or recorded formats.
 - B. The system should support the community library's efforts to advise readers and should supply catalogs, bibliographies, and newsletters in appropriate formats.
 - C. The regional library should produce and distribute newsletters and develop, produce, and distribute bibliographies of locally and nationally produced materials

in special formats.

- D. The Library of Congress produces catalogs and bibliographies, and special circulars relating to materials available both through the Library of Congress program and from commercial sources.
13. The public library should have a specific program to inform the community in an understandable and interesting way about its services, through such means as radio, television, the press, talks, displays, etc.
- *At least half of the registered blind and physically handicapped borrowers learn about library service from a friend or relative. Therefore publicity must be aimed towards a broad spectrum of the community; the eligible borrowers themselves, people who deal with them on a professional basis, and friends and relatives.
- A. The community library should contact groups or individuals who deal with eligible users, e.g., doctors, ophthalmologists, nurses, ministers, departments of public health, nursing homes, and service organizations. The community library should distribute news releases and announcements to newspapers and television and radio stations, and have displays, exhibits, and demonstrations of special equipment and materials. Publicity for all public library programs, materials, and services should include information about how the blind or physically handicapped reader might use the library to best advantage.
 - B. The system should develop brochures and information for distribution to community libraries, professional organizations, and persons interested in applying for service. The system should develop area-wide press releases and media presentations, assist community librarians in developing local releases, give talks to local organizations if requested by community librarians, and develop information letters for local community contacts.
 - C. The regional library should maintain a central file of information on publicity programs developed within the state, from other states, and in the national program. The regional library should develop public information programs with statewide application, such as a slide-tape show, media releases, and exhibits

at fairs and conventions. The regional library should acquire and distribute brochures from the Library of Congress. The regional library should exhibit at state conventions of organizations of or for blind or physically handicapped persons or persons dealing with them.

- D. The Library of Congress serves as a depository for public information programs developed by libraries in the national network and informs libraries in the network of what has been done. The Library of Congress produces brochures, posters, exhibits, and sample news releases and spot announcements for radio and television. The Library of Congress exhibits at national conventions of organizations of or for blind or physically handicapped persons or persons dealing with them.
14. The public library should encourage liberal exchange of materials between all types of libraries.

*Because resources in recorded or Braille formats are extremely limited, libraries and agencies at all levels must exchange their resources freely.

- A. The community library should have a small demonstration collection of books, magazines, and equipment and should serve as the first resource for the reader, assisting in the preparation and forwarding of request lists and making arrangements for pick-up and delivery of materials where necessary.
 - B. The system shall fill requests when possible and shall request materials not in its collection, e.g., Braille and magazines, from the regional library.
 - C. The regional library shall fill requests when possible or locate requested materials and obtain them on interlibrary loan from another library or agency when possible.
 - D. The Library of Congress supports the networks's efforts to exchange materials by filling requests from its own collections where possible or by developing a National Union Catalog of non-textbook materials and informing the regional library where and on what basis requested materials are available.
15. The public library should utilize the most effi-

cient, effective techniques for providing library service to persons who are unable to use the stationary library outlets because of distance, physical handicaps, economic, or social factors.

*While many blind or physically handicapped persons travel freely, for others blindness or a physical handicap may impose some restrictions on physical mobility. Barriers should be removed and access to service facilitated in every way possible.

- A. The community library should extend service without charge to any eligible blind or physically handicapped person who applies for service. The community library should supply applications for service and should assist applicants in having applications completed, certified, and submitted; should arrange for pick-up and delivery of materials where necessary, and should arrange for repair and retrieval of equipment from persons no longer using the service.
 - B. The system should provide basic equipment such as magnifiers, book stands, and page turners, for demonstration and loan to libraries for reader use and should provide for the repair of Library of Congress equipment.
 - C. The regional library shall produce and distribute information in appropriate formats to facilitate use of the program, e.g., application forms, form letters, instructions, order forms, lists of magazines, and subject bibliographies. The regional library should obtain and house for demonstration special equipment such as closed circuit TV.
 - D. The Library of Congress arranges for the production and distribution of catalogs in appropriate formats listing available materials. The Library of Congress keeps the network informed of technical developments and new equipment useable by blind or physically handicapped persons.
16. The public library should participate in collecting statistics and information about its service, programs, and operation using standard statistical definitions.
- Libraries at all levels shall keep statistics as required by the Library of Congress. Other statistics should be kept as a tool for planning at the community, system, and regional levels.

III. Materials: Selection, Organization, and Control

18. Materials acquired should enhance the collection and fulfill community needs and interests.

- A. The community library should include conventional materials which can be used by blind or physically handicapped borrowers in its collection. The community library should refer readers' requests for materials to be produced in special formats to the system library.
- B. The system should refer readers' special requests to the regional for production in tape or Braille formats and should offer further suggestions for materials to be produced based on feedback from readers and libraries.
- C. The regional library shall serve as the clearinghouse for production of library materials of local demand and interest in tape or Braille formats. The regional library shall clear copyright with the Library of Congress and shall arrange for production observing *Standards for Production of Reading Materials for the Blind and Visually Handicapped*.
- D. The Library of Congress is responsible for selection and distribution of materials to be produced in recorded or Braille format for the national program. The Library of Congress maintains an in depth collection of print materials to answer specific questions relating to blindness and physical handicaps.

19. The public library should provide resources which enable individuals to examine issues freely.

The community library should arrange for the recording of community interest materials by local volunteers.

24. The public library's collection should include a variety of forms of library materials.

*Included in the variety of materials should be recorded books and periodicals, plus necessary special equipment.

Books

- A. The smaller community library should have a demonstration collection of talking books and cassettes. At the discretion of the system, a deposit collection may be

placed in a community library where there is sufficient demand.

- B. The system shall maintain a core collection, as defined by the Library of Congress, of talking books and cassettes, plus a collection of materials of local interest.
- C. The regional library shall maintain an in depth collection of materials adequate to supply the back-up needs of the subregionals. The regional collection shall include talking books, cassette books, open-reel tape books, and Braille books from the Library of Congress, and master copies of volunteer-produced cassettes and Braille.
- D. The Library of Congress maintains an in depth collection of resources in all formats necessary to serve the blind and physically handicapped. The collection includes materials produced for national distribution plus volunteer-produced materials and some commercially acquired materials. It includes music scores, music textbooks, and music instructional materials in a variety of formats.

Periodicals

- A. A demonstration collection of periodicals shall be available to the community library.
- B. A demonstration collection of periodicals shall be available to the system.
- C. The regional library shall be responsible for maintaining and circulating the major collection of periodicals in all formats, shall maintain a collection of recent back issues, and shall provide demonstration collections where necessary.
- D. The Library of Congress maintains an in depth collection of back issues of periodicals.

Equipment

- A. The community library should be able to provide within 48 hours one or more talking book machines and other appropriate equipment for display, demonstration, or emergency loan. Normally, libraries not open at least five days a week should ex-

- pect to procure such equipment from the system. The community library should also stock a supply of needles for talking book machines.
- B. The system shall serve as the machine lending subagency for its service area. It also may provide basic equipment such as magnifiers, book stands, and page turners for loan to libraries for reader use. In addition it should be able to provide equipment requested by a community library for display, demonstration, or emergency loan within 48 hours from the time of the request.
 - C. The regional library shall serve as machine lending agency for the state. Its stock shall include talking book and cassette machines and their accessories plus commercial equipment with special application for use by blind and physically handicapped readers.
 - D. Within budgetary constraints the Library of Congress stocks equipment sufficient to meet the needs of the network libraries, including talking book and cassette machines, plus accessories, plus other equipment produced in research and development, plus commercial equipment with special application for use by blind and physically handicapped readers.
26. Each public library should collect and organize a collection of local history material. The community and system libraries should advise the regional on local history items which should be produced in recorded or Braille format.
 28. Cooperative practices should be followed when beneficial.
Selection and production of local interest materials should be cleared through the regional library, which, in turn, clears requests and copyright through the Library of Congress.
 29. Library materials should be so organized and controlled that their effective use is enhanced.
*Since special resources for the blind and physically handicapped are limited, it is important that these resources be easily identified, located, and effectively used.
- A. The community library should keep catalogs of available materials on hand, but should not attempt to catalog materials in its demonstration and deposit collection.
 - B. The system should keep a more extensive collection of catalogs, including catalogs of agencies other than the Library of Congress. The system may maintain a card catalog of its holdings.
 - C. The regional library shall maintain a collection of catalogs of the holdings of the Library of Congress and other agencies and shall serve as channel for the Illinois library network to the Library of Congress. The regional library shall maintain a card catalog of its holdings.
 - D. The Library of Congress is developing and will maintain a National Union Catalog of materials for the blind and physically handicapped.
- #### IV. Personnel
33. The number of staff members should be sufficient to perform the duties involved in selecting, organizing, and interpreting the materials and to provide consistently efficient service during hours when the library is open to the public.
- A. The community library should designate one staff member to be responsible for service to the blind and physically handicapped. The community library should recruit volunteers to do such things as read local interest material to readers or onto tape, pick-up and deliver books and machines, help make out lists, demonstrate use of materials, and maintain and repair equipment.
 - B. The person directly responsible for serving the blind and physically handicapped at the system level should be a professional and should have clerical support staff as necessary to maintain service. The system should assist the community library in the recruitment of volunteers.
 - C. The administrator of the regional library and the heads of substantive administrative divisions should be professional librarians with clerical support staff as necessary to develop and maintain the service. The regional library shall assist in the statewide recruitment, development, and training of volunteers.
 - D. The Library of Congress provides professional staff to advise and consult in all aspects of the service. The Library of Congress assists in the national and statewide program of recruitment and

- training of volunteer groups, providing materials, and support when necessary.
35. The library should follow progressive personnel administration practices.
- A. The community library should encourage its staff to attend and participate in workshops and conferences on service to the blind and physically handicapped.
 - B. The system should offer a strong training and advisory program for community librarians, keeping them informed of available services and materials and advising on how to utilize them. The system should sponsor workshops and send information letters to librarians and trustees. System staff should attend state and national meetings on service to the blind and physically handicapped.

- C. The regional library should offer training programs for system staff, evaluate system programs, and advise on their direction. The regional should hold training sessions for pioneer groups, recruiting Library of Congress staff as resource persons when necessary and should provide resource staff, equipment, and supplies to support system workshops. Regional staff should attend related professional meetings and conferences.
- D. Library of Congress staff attends network meetings, sponsors national and regional meetings for librarians working in service to the blind and physically handicapped, and attends related professional meetings and conferences.

radio reading presents the newspaper – one more channel to first-class status

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If you are going to have a sparkling radio reading for the blind program, perhaps you should not start the day with, "What do astronauts eat? Launch meat!"

Maybe you can begin, "This is Wednesday, May 7th. On this day, 1945, Germany surrenders: On the 2,075th day of the biggest, bloodiest, costliest war in history, representatives of the German High Command sign unconditional surrender terms at General Eisenhower's temporary headquarters in Rheims, France. The signing takes place at 2:41 in the morning, Paris time." After this grim reminder, you can blithely read the weather forecast, announce the time of day, and begin the reading of the current newspaper. Spot announcements might be interspersed throughout the reading telling who you are and items relating to blindness and the blind.

'M. Mirkin Stanford, *What Happened When* (New York: Ives Washburn, Inc., 1966), p. 140.

Now that our radio program is underway, it will be interrupted by the consideration of five questions:

- Why radio reading for the blind?
- Who should run it?
- What should it be?
- What should it not be?
- What are the mechanics involved in beginning?

Why radio reading for the blind? We talk of no segregation for the blind and radio programs are just as meaningful to blind people as to sighted people — so what is the deal? Why can't blind people get all the radio reading they need from already existing programs? Because the reading of the newspaper needs to be added. Overwhelmingly, the only practical way for individuals who cannot read the newspapers to themselves to get these papers is to have them read over the airwaves. Yes, an isolated person, here or there, will have someone so devoted,

so service-minded, he or she will read the paper — maybe even from top to bottom — from front to back — but will he or she do it day in, day out, year in, year out? Not likely. You try reading all of the newspaper aloud just once. See what an effort it is! Yet, reading the newspaper is a commonplace experience for sighted people. For many, the morning or evening routine would not be complete without it. Even individuals who haven't read a book for years and won't read one for even more years ingest — completely or fragmentarily — the paper. It's as much a part of them as the first cup of coffee in the morning or their favorite nightcap before retiring. Citizens in the mainstream of society *do* read the paper!

One study states, "Before this day is over, you and I and the rest of the country will read more than a million miles of newspapers. Before this day is over, 88 million of us will enjoy a cup of coffee, but 100 million will read a newspaper. Seventy-seven million adult Americans will go to work. But 100 million will read a newspaper."² With radio reading for the blind presenting the papers, another alternative method to achieve first class status has been created — another step toward independence has taken place!

Of course, the reading of the newspaper is only the first *essential* for radio reading for the blind. It is the core of the program — many things can be added to this core.

Have we satisfactorily established that radio reading for the blind is desirable? If so, let's proceed to consider — who should run it? Whoever can do it the best — whether this be the library for the blind and physically handicapped, the rehabilitation agency, a volunteer group, an organization of the blind, a university department, a public school system, a religious organization — you name it — if they want it, can afford it, can ride herd on it to create a satisfactory program, they should sponsor it, develop it.

What should radio reading for the blind be? As I have already indicated, it should be a vehicle for supplying the newspaper to the blind and physically handicapped in the community who do not have the capacity to read it directly. What else it should be is variable depending on the resources, needs, and creativity of the community and the sponsors of radio reading. Overwhelmingly, the emphasis should be on material not otherwise readily available to this audience, and the stress, also, should be on immediacy. Even though blind people have more than 200 periodicals available to them in one medium or another,

there are still some 9,400 periodicals not available. We already know how much our borrowers love magazines.

Interviews of interesting and/or prominent people — especially leaders in our work — go well. Fashions and cooking are popular, but not fashions and cooking for the blind — fashions and cooking are universals, not for blind or sighted, able or disabled. Other items to air — voter information; in depth coverage of topical events such as moon launch; Cyprus takeover; baby lift — but with some original twist, not duplicating the coverage available from other radio and TV programs. Material of interest to children, science fiction, well-read poetry, talk programs, job-related forums, education about blindness — almost anything you name *can* have a place on radio reading for the blind.

What should it not be? It should not be a substitute for improving the library for the blind and physically handicapped; a means of broadcasting Library of Congress provided, recorded books; a duplication of materials available elsewhere on the air. It should not be patronizing and demeaning; inferior in quality.

What are the mechanics involved in beginning? Get air time. Have it donated, if possible, and have it occur during the time when others "normally" read the paper, if it can be arranged — in the neighborhood of 6:00 to 8:00 in the morning and 5:00 to 7:00 at night. Should it be open-channel air or sub-channel? Whichever works out more satisfactorily — that is, whichever is at the time wanted, at the least cost — or maybe it comes to whichever you can get.

Get permission to read the local newspaper. It probably won't be difficult. (If — despite your most creative salesmanship — the publishers simply *won't* grant you permission, read *The New York Times*, *The Christian Science Monitor*, or some other universal paper.) Another way to approach this is to get copyright clearance from the publishers of the paper in a neighboring town — a rival to the one you are really trying to zero in on. Reading this rival paper is very likely to motivate the publisher you want to come through with the desired permission.

Get a staff. One *good* paid person to begin will do. What makes a radio reader good? An agreeable personality who can read well; who volunteers will want to see more of; who will have the capacity to cause them happily to go elsewhere if they do not perform well on the program; who will be enthusiastically "sold" on what he/she is doing; who will have a progressive philosophy about blindness; who will have the stamina and willingness to work long hours.

A good big corps of volunteers is exceedingly

²Robert U. Brown, "100 million read a newspaper every day. BOA study finds," *Editor & Publisher*, CV (November 18, 1972), p. 13.

important — you can scarcely have too many! Have well-developed procedures for testing their reading ability, for scheduling them, for training and improving them and, above all, for petting them.

What about costs? If you can get free or inexpensive air time your costs can be minimal — little more than the salary of your reader. If you are sub-channel and must pay for your consumers' receivers the costs will be considerably more. Each plus you add, of course, calls for an increase in dollars.

Is one likely to run afoul of copyright laws? Right now a new copyright law is being created in Congress. Until it is issued and we learn its provisions, the word is, that if the program is *nonprofit*, material may be read without copyright clearance. As a matter of good form and good will, however, if you are going to use a certain publication on a continuous basis, you would be well-advised to request clearance from the publishers. These publishers tend to be delighted to grant your request and, also, tend to become interested in your enterprise — this could even be of practical value to you. (See how helpful it is to the Minnesota reading program to have the Hamm's Foundation as an ally!)

How can statewide coverage of radio reading for the blind be brought about? One possibility is for a number of the public service stations to join together for a radio reading network. In Iowa the *Des Moines Register* and the *Des Moines Tribune* both have statewide editions. The public service network could

unite to read the *Des Moines* paper in the morning and then split up and read each local paper in the afternoon, or vice versa. Another way to cover the desired area is to create separate and independent programs on various stations which will work with you, spotting these stations judiciously so that you fan over your entire region. The first approach is easier to establish, probably less costly, and less trouble to maintain.

Whatever you do, if you are going to go further than simply *contemplating* the presentation of the newspaper, you should contact Sam Holt, Corporation for Public Broadcasting, 888 Sixteenth Street, N. W., Washington, D.C. 20006 for his handbook.

Now that we have made some approach to consideration of our five questions, perhaps the basics of radio reading for the blind, we tune in on our program and hear a volunteer who is so bad he gives us fits. We dream of Alexander Scourby's melodious voice instead, and as our dream fades with the jolt of the volunteer's mispronunciation of Anheuser, a limerick occurs to us which we will not use to end our program:

There was a young girl named Anheuser
Who said that no man could surprise her.
But Old Overholt
Gave her virtue a jolt,
And now she is sadder Budweiser.³

³Edited by Louis Untermeyer, *Lots of Limericks* (New York: Bell Publishing Co., 1961), p. 89.

to reach the deaf

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What is your library doing to reach the deaf client? Has any effort been made to identify and communicate with the deaf community? Have any programs been designed that are accessible to the deaf? Has anyone attempted to pinpoint needs that are peculiar to the deaf? All too often these questions receive a negative response. The reasons vary from claims about the negligible size of the deaf community to statements about the prohibitive costs of special programs. Yet preliminary figures gathered by the National Center for Health Statistics indicate that

there are at least 6.5 million people in this country with serious hearing impairments. Further, the cost of designing most library services and programs to make them available to the deaf is negligible.

Librarians have an obligation to study and learn about the community in which they work. When discussing the deaf community certain difficulties such as little solid statistical data, and a lack of coordinated lobbying efforts are involved, however, the task of identifying and communicating with it is far from impossible. Contact your local school board and talk

with the speech therapists and special education teachers. They should be able to tell you how many deaf students they have and may be able to suggest ways in which your library can be made more inviting to their pupils. The existence of hearing aid dealers in your community is indicative of a sizeable number of people with hearing problems. Talk with the owner of the shop about his clientele and ask him to post pertinent library publicity. Write or call both your local and state health departments. They may be able to supply statistical information and descriptions of various government programs being planned or presently in operation to serve the deaf. Visit the ministers of the various churches in your community. You may discover that some services are being translated into signed English or that one of the congregations is sponsoring a sign language course. Subscribe to *American Annals of the Deaf*. The directory issue of this periodical lists organizations serving the deaf in each state. Establish a liaison with these groups and use their expertise when planning programs and activities.

Once attempts have been made to identify the deaf community, the next step is to communicate with the deaf. If there are organizations composed primarily of deaf people invite them to use your library's community room as a meeting place. Library publicity can be designed to emphasize library services especially accessible to the deaf. Art prints, circulating statuary, and 8mm silent films are just three examples. If your library is fortunate enough to have a toy collection this too should be publicized. You may even wish to consider the addition of a "communication kit" sold by:

International Association of Parents of the Deaf
814 Thayer Avenue
Silver Spring, Maryland 20910

The general reading levels of deaf people have been found to be substantially below national norms. Therefore book lists of high interest-low vocabulary titles would provide a useful service.

Have at least one and preferably more staff members learn sign language. The same reasoning that applies to a poster that says, "Habla Español Aquí" is valid for one that states, "Sign Language Spoken Here."

Once progress has been made in communicating with the deaf the library has a responsibility to provide services and programs that are accessible to them. Admittedly some programs and services are costly to provide but the vast majority require little more than staff time and imagination. Obtain and distribute quantities of cards containing the Ameri-

can Manual Alphabet. These can be obtained from:

Office of Alumni and Public Relations
Gallaudet College
Kendall Green
Washington, D.C. 20002

A series of inexpensive flyers designed to alert teachers, doctors, police, and others on how to identify and deal with a deaf person are available from the same address. Recruit local civic groups to distribute these brochures to the proper people and you will have gone a long way in establishing a favorable climate for libraries in your community.

When planning programs be certain that at least some of them are within reach of the deaf. Either have a staff member or a volunteer do a series of signed story hours open to hearing and deaf children alike. The interaction with someone different from themselves should have a positive effect on both groups. If you show feature films schedule at least one or two silent classics. With the current nostalgia craze these should have a wide audience appeal. Make a point of having your adult lectures interpreted into sign language. There is no reason to suppose that the interests of the deaf are at great variance with the concerns of the rest of your community.

Examine your book collection for titles which might be of special interest to the deaf. Dwight Steward's *The Acupuncture Murders* (Harper, 1973), Carson McCuller's *The Heart is a Lonely Hunter* (Houghton Mifflin, 1967), and William Gibson's *The Miracle Worker* (Bantam, 1960) are three such examples. Write to the National Association of the Deaf for their publications list. Their address is:

National Association of the Deaf
814 Thayer Avenue
Silver Spring, Maryland 20910

They sell both general and technical books on manual communication, deafness, and speech, and picture books in signed English. You may wish to start a subscription to the *Deaf American*. This is a general magazine written for the deaf community and belongs in a periodical collection as much as *Opera News*, *Foreign Affairs*, or *Cosmopolitan*.

If money is not a problem for your library or if you have generous civic groups, you can extend your services to the deaf through the use of modern technology. Teletypewriters (TTYs) have been put to work by the deaf and allowed them to use the telephone. Typed messages are sent and received via telephone lines. If a library has a TTY a wide range of service possibilities to the deaf arise. Not only will traditional library information services become available to the

deaf but the library can also be used as an emergency number circumventing the difficulties a deaf person has in calling the police or a doctor. For further information write:

Teletypewriters for the Deaf, Inc.
P.O. Box 622
Indianapolis, Indiana 46206

Videotape is another technological tool that can make your library more useful to the deaf. Tape your signed story hours and lectures and caption as many others as possible. Some hearing users may find captions distracting but the majority should accept your explanations.

There are other ways to reach and serve the deaf

community. You may decide to hold a sign language class, distribute brochures on basic courtesy to the deaf, or make a series of personal contacts. While all of these things are to the good, the quickest and most meaningful way to demonstrate your commitment to serving the deaf community is to hire the deaf. Approach the deaf applicant not as a handicapped individual but as a normal person who can not hear. Judge them by their capabilities and hire accordingly.

The deaf may not be able to hear what you say but they can certainly see what you do. Attempts to attract the deaf will not always be successful but a continued and sincere effort will eventually result in a positive response.

library services and hearing impaired older americans

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Both the number and the proportion of elderly people in the population of the United States are steadily increasing. This has profound consequences for society and also enormous implications for the quality of individual life. The paucity of services for senior citizens, in spite of the plentitude of problems they face, is becoming apparent and more a matter of concern. Libraries need to become aware of deficiencies in present service patterns for this client group. Librarians need to become sensitive to special needs. This paper focuses on a particular problem faced by many older people — impaired hearing.

Three things must be immediately understood. First, "hearing impairment" refers to any lessening in the ability to hear and encompasses a continuum, ranging from a negligible loss to the extreme end of deafness. There are very few deaf people totally unable to hear any sound whatsoever. A workable and commonly used definition of "deafness" is the inability to hear and understand speech either with or without amplification. Second, loss of hearing is a physi-

cal problem but it is a social handicap. People with hearing impairments, for the most part, lead a life very similar to the rest of the population *except* for their difficulties with communication. Third, the age at which a hearing loss is sustained, in addition to the degree of that loss, has indelible consequences for the individual. A child who is born deaf will not acquire language or speech through the normal mechanism of auditory feedback and reinforcement. That child will struggle throughout life with the inconsistencies of the English language and the intricacies of reading the printed word.

Impaired hearing is vastly more common than most people realize and even deafness occurs more frequently than was previously suspected. The information on the table below was supplied by the Office of Demographic Studies at Gallaudet College. Pre-occupationally deaf persons are those unable to hear and understand speech who lost this ability before the age of nineteen years. Estimates of all deaf persons have not yet been assembled.

Age	Total U.S. Population	Estimated Hearing Impaired	Estimated Pre-vocationally Deaf
45 to 64 years	43,230,000	4,360,000	97,500
65 years and over	21,815,000	5,995,000	134,500

A gradual decline in auditory acuity seems to be part of the aging process in which many bodily functions slow down or weaken. This bilateral sensory-neural impairment is known as presbycusis. Since the loss is gradual, the afflicted person may be slow to take note of it. Typically, the elderly person complains that people are mumbling and only after repeated urging from friends or relatives consents to have a hearing diagnosis. Or, the aged person may take a fatalistic attitude toward the hearing loss, regard it as one more of the tribulations which beset old people and believe that nothing much can be done about it so there is no need to have a hearing test. Libraries can and should contribute to education of the general public, providing good factual information about hearing and how to recognize the symptoms of hearing loss. Demystifying the phenomenon will save many people from needless worry or debilitating inaction.

Once presbycusis is identified, the potential for rehabilitation is quite high. However, the prognosis for success in rehabilitation is not as good. Amplification can usually be helpful to persons with presbycusis. Elderly people, though, may not be good subjects for the use of hearing aids. They may not be sufficiently adaptable to adjust to the mechanism, particularly since the initial period of using a hearing aid frequently involves some experimentation until the appropriate balance is found. Hearing aids amplify sounds nonselectively so the wearer must learn how to hear with the aid, which sounds are meaningful and which noises can be ignored. Unfortunately, it is not uncommon for elderly people to be victimized by unscrupulous persons who sell them worthless devices at ridiculous prices. The library can provide good service as a community information and referral agency to audiologists and reputable hearing aid dealers. The library should also provide the kinds of information needed to protect against being duped or that guides consumer complaints.

Considering all the adjustment factors, and the expense of professional services and the cost of hearing aids and the transportation difficulties an old person may have in going to the site of service, it is not surprising that many elderly persons do not get hearing aids or are not able to use them effectively. As a

result, communication no longer takes place unhampered. The old person is increasingly left out of conversations as even the most loving friends and family lose patience with shouting or constantly repeating themselves. Add to this the increasing sense of uselessness many people have as they give up previous roles in the work force or as a parent of growing children, and it is very easy to empathize with the aged hearing impaired individual who becomes withdrawn and loses a positive self-image. The feelings of isolation and estrangement which are common among older people in this youth oriented society are increased for the aurally impaired old person. Lipreading, or speechreading, is an imperfect substitution for hearing but can assist comprehension greatly. Libraries should make available materials which help hearing impaired persons improve their lipreading skills.

Senior citizens with presbycusis can no longer rely on tools to which they are accustomed. Doorbells, alarm clocks, and oven timers, for example, may seem like minor appurtenances, easily taken for granted — until they are no longer usable. Light signals, vibrating devices, small air fans, can take their place if the person is aware of this possibility and knows where to secure the equipment. It is not inappropriate for libraries to feature these in an exhibit, perhaps accompanied by a list highlighting library resources about hearing impairment.

The loss of the telephone, radio, and television is more serious. These are exceedingly important links to friends and to society for elderly people whose hearing is not impaired. They are also the most common form of recreation among the aged. The telephone company has done an effective job of distributing information about getting handsets with built-in amplifiers. Less well publicized is the change taking place in most public telephone booths which will make them unusable to persons with hearing aids unless they buy and carry with them a special device. Here again, the library should be a reliable source of consumer information. The library can also supply information on other equipment for use with the telephone, such as the TTY (teletype), or the newer MCM, TV Phone, and Magsat. All of these require that both the sender and receiver have special machines, yet

for a growing number of people they do enable continued vitality of telephone contacts.

Television is a misnomer. It should be called "telelisten." You can prove this to yourself by turning the volume off. Can you follow what is happening? How interesting is the program? If you watch the news, do you feel well informed? Captioning, or subtitling, would be immensely helpful to millions of older Americans. A few educational stations carry the ABC news in captions prepared by WGBH in Boston. The Public Broadcasting Service is working on a special decoder which will allow the viewer to choose whether or not captions appear on the home screen. A petition has been filed with the Federal Communications Commission requiring that all emergency broadcasts be delivered visually as well as aurally. Hearing impaired persons want and need to know about these kinds of activities and how to support them. The library should help them be well informed.

Old people with presbycusis have more leisure time and less to do with it. They need continuing education, not in the traditional sense of preparing for job advancement, but for finding new interests. Books are an unsurpassed source of pleasure and stimulation for this group. Some of them, however, are unable to go to the library. Special delivery mechanisms are needed to meet these needs.

The consequences of impaired hearing are very different for those who have been deaf since their younger years. In general, these individuals will have long since made an adjustment to their deafness. Patterns of communication and social relationships will be established. Old age will not entail a drastically new set of problems. Rather, the same difficulties will persist and possibly intensify. For instance, the educational background of many deaf persons in this age group did not enable an occupation above a menial position. Many are now undergoing early retirement as unemployment at these levels continues to rise. Because of the timing of the retirement and the low salary of the position, the retirement benefits policy is likely to be severely limited. In an inflationary economy, this results in a grim financial future. Deaf people have special need of counseling concerning their rights. Many of them are completely unaware of assistance programs for which they are eligible. They also need access to information which will assist them to practice good money management. Here again, the library can serve as a referral agency and by providing special materials. Passively making information available, however, is not sufficient. Some kind of interpretive programming is necessary to make it comprehensible.

The deaf person is likely to have a very lonely and isolated old age. Social contacts in the deaf community are based on face-to-face interaction. An elderly deaf person may be restricted by frailty or transportation difficulties from socializing with deaf friends or attending deaf clubs. Many of the club newsletters at first glance seem to be little more than gossip sheets. Given a second look and a little thought, their importance in keeping a sense of community alive among deaf people is revealed. The library should make certain the local newsletters are available.

Books may be of little interest as the language problems which accompany deafness occurring at an early age may have kept the individual from developing the skills necessary to enjoy and profit from reading. Aged deaf persons still have need for information to enhance the quality of life and to keep the mind active and interested in the surrounding world. Libraries have much to offer: heavily illustrated materials, high interest/low vocabulary books, films independent of a sound track for comprehensibility, slides, and so forth. Librarians need to look at their collections from a slightly different perspective to identify the appropriate materials, and then they need to make certain that the deaf people are aware of what is available. Most deaf people will be amazed to learn of what the library can provide.

Finally, although this really should be the first step, librarians need to educate themselves about hearing impairment. Library services have been deficient mostly because librarians have been unaware of special needs. The resources listed below can help librarians become better informed. This is only the beginning, however. Librarians also need to extend themselves, get out and talk with people in the community. Don't be surprised if they do not conform to the expectations you have developed. Be sensitive and be guided by their feedback. At first there may be barriers of shyness on both sides. The deaf old person in particular may be skeptical of your motives and will be watching your responses closely. If you write notes, do not be surprised if their language is nonstandard English. By all means, don't make the mistake of equating low language skills with low intelligence. Perhaps it requires more resourcefulness and more patience to provide good library service to hearing impaired older Americans. Perhaps, too, it provides a greater sense of satisfaction with an important job well done.

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are you listening?

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The inspiring of librarians to develop library service to the deaf and hearing impaired was the theme of a program at the San Diego 1974 Conference of the California Library Association. Are librarians listening to, are they aware of, do they communicate with the single largest minority in our society? Do they know from the hearing impaired people themselves what they really want and need in library service? The best that could result from the two hour program in San Diego was that librarians and organizations for the hearing impaired would carry forward the message of the speakers into action in "how to do it" workshops and into actual library services programs.

The interpreters throughout the program communicated to the hearing persons the message from a deaf person and the hearing person's message to the non-hearing people. Because libraries are communication centers and librarians already are communicators, they will need only to insure that another segment of their population receives needed services — the deaf and the hearing impaired. There are approximately one-half million deaf people in the United States today so if each library reaches all of its population, all deaf and hearing impaired people will be reached. The interaction between the non-hearing people and the hearing throughout the program, the

awareness of the need for library service and for increased communication were emphasized. All helped to break the barriers between the hearing and the non-hearing groups and remove any misconceptions that exist.

To reach the objectives of the program, to meet the expectations of the people and to result in an exceptional experience for all of the people participating resulted from the expertise of many individuals. Louie Fant, the son of deaf parents, provided experience with working with the deaf and hearing impaired, many years of teaching, working with the National Theater for the Deaf, writing for the deaf, and acting in both television and films. He interpreted the profoundly deaf, the moderately deaf, profoundly hard of hearing, the moderately hard of hearing, and the mildly hard of hearing. One of the impressive points Mr. Fant made was that the average deaf adult has a reading level of the fifth grade and his writing level is even lower. Mrs. Carol McEvoy, the daughter of deaf parents, is a newscaster for KTTV in Los Angeles. She began a news segment for the deaf after that disastrous earthquake of 1971 rocked southern California. The positive reaction from both the deaf and the hearing was overwhelming. Mrs. McEvoy emphasized the interpreting for the deaf has its rules

and ethics. To communicate successfully, an interpreter must know the audience. In addition the wearing of plain clothing is desirable to prevent distractions and idioms and puns should be avoided. Lyle Hinks was a member of the California team to the second Gallaudet College seminar and represented the deaf community. He has a special area of expertise in the relationship of deaf organizations with the general public and within themselves. He shared that information with the group. Mrs. Carmela Ruby was a member of the California team to the Gallaudet seminar representing the California State Library. She described possible programs of library service such as signed story hours; reference service via teletype; non-narration films and filmstrips and film making. Brad Kanawyer related how, with an 83 percent hearing loss, he was able to overcome the handicap and become a designer for Warner/Reprise Records in Burbank, California. He emphasized the importance of family understanding and help to the hearing handicapped child. He pointed out that the public must have a new awareness about the world of silence to enable the hearing handicapped to help themselves.

Mrs. Jean Smith is a trustee of the Burbank, California Public Library and foster mother to Brad Kanawyer. She, as a resource person, represented the importance of the love and understanding of the parents with the hearing impaired child. She also exemplified community service both with the deaf and with the public library. Among the resource people who related what the hearing impaired want and need from libraries were Mr. and Mrs. Thomas Henes and Helen Johnson, all graduates of Gallaudet College, and Richard Todd, a graduate from California School for the Deaf at Riverside.

Highlighted throughout the afternoon were the needs to provide library services and to make them known through contacting schools for the deaf, organizations, churches, and rehabilitation centers. The need to open up the hearing world to the hearing impaired through the very important media of books, films, and pictures was stressed. The ready accessibility of library services to the deaf and to hearing impaired was defined as a necessity. The invisible barrier of deafness can be removed through educating the hearing people who work in the library because the greatest difficulty for deaf people is hearing people who do not understand their silent world. This is not just the need to know sign language but the need to be aware of all of the human factors that the hearing person must know when communicating with the deaf. The foremost requirement of library service to the hearing handicapped is, of course, communication — transmission and reception — librarians must be aware of both.

While very few people of any age are totally deaf, many have major hearing losses. Libraries, therefore, should strengthen their collections concerning the deaf and deafness; develop materials on problems of the deaf and the hearing impaired; collect information on sign language; provide signed books and bibliographies as well as high interest-low vocabulary materials; highlight resource and reference access and make available captioned films. These are only a few suggestions as to the resources and services that should be available in libraries. Parents of a hearing impaired child need all the information about the subject they can find, so it is up to the library to provide such information on as many levels as possible.

The conclusions reached throughout the day were that if libraries do not provide services to the deaf and the hearing impaired no one else will. These services are vitally necessary to put the deaf and the hearing impaired into the mainstream of life. The purpose of the program was to create a greater awareness of the problems of the deaf and the hearing impaired, both children and adults, and to explore ways that libraries can offer special services to help them. Did it achieve its purpose? Practical results of the program have been shown in the interest and awareness of librarians in the special problems and services that are required by the deaf and the hearing impaired. Some of the people became aware and interested for the first time in these special problems. Results of the ideas expressed throughout the program have also been clear in the development of library service to the hearing handicapped in many libraries and in the developing of extensive services to a large population on a pilot basis.

A packet of materials was made available to the participants. Items in the packet included information on a correspondence course for the preschool deaf children and their parents and for parents of the preschool deaf-blind children both in English and in Spanish; included, also, were services available from the State of California, reprints of magazine articles concerning the deaf, brochures from state councils for the deaf, and information on services for the special needs of the deaf and hearing impaired. Reading lists were provided on the deaf and hearing impaired in general and on library services to the hearing handicapped in particular. Sources of free and inexpensive material were provided as was information concerning education for deaf college students. The total information included was not comprehensive in its coverage but rather was provided as an indication of help that is available in developing services to the deaf and the hearing impaired.

A question and answer period followed the panel

presentation and the information provided by the resource people. Louie Fant interpreted the questions and the answers so that both the hearing and the non-hearing people could participate. The program was audio-taped and video-taped for the two hour period covering both the presentations and the question and answer period. Both the tape and the video-cassette are being used to develop future audio programs for the services of libraries to the deaf and the

hearing impaired, and to work with the hearing handicapped themselves. The tape and the cassette have also been utilized in the education of hearing librarians to assist them to be better communicators with the silent world of the deaf and the hearing impaired.

Brad Kanawyer summed up well all of the ideas expressed when he said, "Remember, the hearing impaired at any hearing level needs to understand and be understood."

serve is not an acronym

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SERVE is a project designed to develop and provide library services for the mentally handicapped, alcoholics, and drug addicts in Santa Clara County, California. SERVE takes a broad definition of the term "mentally handicapped." We include as our patrons the mentally ill, developmentally disabled, the emotionally disturbed. With a county population of about 1,175,000, obviously all patrons needing library services cannot be reached. However, in the year that the project has been operating, many inroads have been made and the potential for providing the services has been recognized.

Background

SERVE is an outgrowth of an LSCA-funded program, Special Outreach Services (SOS) operated by the Council of Librarians, a consortium consisting of the directors of the Mountain View, San Jose, Santa Clara, Santa Clara County, and Sunnyvale public libraries. This program was aimed primarily at shut-ins in convalescent hospitals and private homes but the librarians who worked in the field kept meeting increasing numbers of mentally handicapped and began developing services for them in 1972-73. SOS

was cut back in 1973-74 and the services were curtailed. However, the staff felt the need was great enough to require continued service and prevailed on the Council of Librarians to apply for federal revenue sharing funds to renew the program. A proposal was submitted to the board of supervisors and a grant of \$78,000 was awarded to the council for 15 months starting April 1, 1974.

Organization

SERVE is administered by the Council of Librarians, the county of Santa Clara is the fiscal agent, and the special services coordinator of the San Jose Public Library supervises the project. The employees are hired by and are staff members of the Santa Clara County Library and are housed in the San Jose Public Library. This melange of jurisdictions would seem to be a nightmare administratively, but things have worked quite smoothly and may even have enhanced overall cooperation between libraries. Since SERVE is revenue sharing-funded, service has been offered to the two libraries in the county that do not belong to a cooperative system (Los Gatos and Palo Alto) and therefore could never benefit from LSCA-funded programs.

The staff consists of a librarian II, a librarian I, a driver-messenger, and full-time and a half-time typist clerk. The budget for the first 15 months breaks down like this:

Salaries	\$49,772
Materials	16,000
Operating	9,388
Equipment	2,840
	\$78,000

Operation

One of the first things we did was to change the name of the project from Serve the Mentally Handicapped to SERVE. We strongly feel that the term "mentally handicapped" has negative connotations to a large portion of the public, and felt that acceptance of the project would be enhanced if we changed its name. (In an adjacent county, the Mental Health Center changed its name to the Center for Better Living and walk-in clients increased appreciably.)

Our prime target area is downtown San Jose, a sprawling city of more than a half million people, which has a board-and-care home ghetto of almost 2,000 residents. Most of these people were patients at nearby Agnews State Hospital which released them in 1971 when Governor Reagan felt that money could be saved and better care could be provided by the communities where the mentally ill had previously lived. Unfortunately, most of the cities had zoning laws that kept their former citizens out, especially those who could not afford costly facilities. Downtown San Jose, the site of San Jose State University, had many large, older homes which had been converted to student housing that were quickly switched to board-and-care homes and therefore gave their owners permanent tenants instead of the peripatetic students.

We deliver on request books, records, and other materials to the homes and larger facilities, some of which were former fraternity or sorority houses. Deliveries are usually made on a monthly basis and, depending on the situation, we make general selections or fill specific requests. We have deposit collections of 300 to 400 books at several of the larger facilities which are switched every three or four months. We have established three drop-in reading centers in the area where people can read and relax or check out materials on the honor system. All books are stamped "Read-Recycle-Return to this place or any public library." The honor system works well and

we consider losses minimal. We also have scheduled film shows throughout this area with SERVE providing the films, equipment, and projectionist (our driver-messenger). We have purchased a special lens for our projector which allows us to show films in our delivery van by using a special plastic screen and a 100-foot extension cord. This allows us to do spontaneous shows wherever we see a group of people or to do outdoor shows as we have for a Renaissance Faire and a street dance. Watching movies outside has a great attraction for just about everyone.

Besides the board-and-care home area, SERVE also provides services to the institutionalized, students in special schools, individuals, and libraries throughout the county. We have a resource collection of books and journals covering the many aspects of mental health, drugs, and alcohol that, because of specialized and higher costs, might not be available from local public libraries. This material is for use by parents, teachers, librarians, and agency people interested in those subjects and is checked out informally for as long as required. We also have a high interest, easy read collection of materials at the fourth-grade reading level. The collection includes fiction and a broad range of subject areas including drag racing, the women's movement, black history, biology, etc. Identical collections are maintained at each of the five libraries representing the Council of Librarians, as well as at the SERVE office. They are checked out in the same manner as the resource collection. We also have a collection of approximately 95 films covering travel, entertainment, comedy, and cartoons which we use and also loan to groups and residential facilities. The basic book and film collections were established by the SOS program and inherited by SERVE. To save time (and money) we leased a van which we use for delivering books, records, and materials, films and projection equipment, and our "movable film feast."

Newsletter

One of the first things we found in exploring possibilities for the project was that although many agencies were operating for the mentally handicapped there was very little communication between them. We also found that there was a great need for information on what recreation and entertainment was available at little or no cost. (Most board-and-care residents receive only \$33 per month to cover all needs beyond room, board, and drugs.) So, we started a monthly newsletter, the *Hare*, which includes a *Calendar of Free and Inexpensive Events* that lists items throughout the county that cost less

than \$2. The *Hare* has been enthusiastically welcomed, has a circulation of 800 per month, and is being used by professionals, agency personnel, board-and-care home operators, individuals, and librarians. We have included in the *Hare*, articles on new resources, upcoming events, book and magazine reviews, bibliographies, community news, and whatever we feel will be helpful to its readers. The SERVE staff feels, as do most of the agency personnel contacted, that the *Hare* is the single most important service the project provides.

Special Programs

We have developed some special programs on an occasional basis. We brought a marionette troupe to several locations in cooperation with the San Jose Theater Guild. We have held SERVE orientation meetings for several of the libraries in the county. We conduct library tours of the San Jose Public Library which include a movie and applications for borrower's cards. (The plastic card is an important piece of identification for the board-and-care residents, often their only one.) One of our staffers developed a workshop on hand puppetry and another has given macrame lessons. We also offer programming and book selection help to individuals and agencies.

Funding

SERVE has been hit by the perpetual problem of funding. The county recommended that SERVE be discontinued as a revenue sharing-funded project in 1975-76. The SERVE staff and the Council of Librarians met with the county's evaluation team and arguments were presented on both sides. As a result the council submitted a greatly reduced budget (\$19,000) which was accepted by the county. At the board of supervisors meeting May 20, the SERVE staff (plus several representatives of community groups) argued for continuing SERVE at a full level of service but the reduced budget was accepted on a four to one vote.

This means that in 1975-76 SERVE will operate with a driver-messenger and a half-time typist clerk (dropping the two librarians and the typist clerk) and will keep doing the film shows, maintain the drop-in centers, and hopefully keep the *Hare* and the *Calendar of Free and Inexpensive Events* alive and well. Minimal coordination will be provided by the librarian II who has a new assignment unrelated to serving the mentally handicapped.

Professional Services & Other Activities Provided by the SERVE Librarians

Reference and research services for SERVE patrons.

Selection of books, films, and other media.

Reader's advisory services to parents, teachers, professionals, agencies, students, residential care facilities, and residents.

Expansion of and access to SERVE's special collections:

High interest, easy read books for the developmentally disabled.

Resource collection of materials covering mental, drug, and alcohol related problems.

Collection of newsletters and magazines published in Santa Clara.

County that is related to SERVE's area of service.

Continuing education and training for library staffs and students:

Workshops on dealing with the handicapped.

Lectures to library school students on special outreach services.

Participation in professional conferences and seminars.

Development of new locations for drop-in centers, deposit collections, and book deliveries for the handicapped.

Publication of the following:

Bibliographies and annotated lists of books, films, and other media.

Reviews of films and literature in SERVE's area of interest.

Hare newsletter and *Calendar of Free and Inexpensive Events*.

Directories and guides to community resources and services aimed at SERVE's patrons.

Articles about the SERVE project for professional journals of the mental health, education, and library fields.

Special programs and projects:

Book talks, poetry reading, and puppet shows.

Lectures and workshops on the SERVE project and its services.

Development of survival kits for patients released to board-and-care facilities.

Information and referral services including a community information file, helping agencies, and individual contacts.
Interagency cooperation:
Continuing involvement with other agency programs using SERVE resources.

Programming advice to special schools, agencies, and organizations.
Participation and membership in mental health organizations.
Serving as liaison between agencies to coordinate resources and services.

an information center program in a residential facility for the developmentally disabled a model for special library services

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The ability to accurately view one's self in relation to the world is not entirely a function of intelligence. Almost everyone, regardless of their intellectual talents, is capable of introspection to some extent. Studies have shown that the developmentally disabled (i.e., for our purposes, the mentally retarded) are usually sensitive to their disability and need the psychological and social reinforcement we all must have from time-to-time to function optimally in society.

Although most of the research and psychological observations concerning stress on family and society attributable to mental retardation have approached the problem from the point of view of the consequences of the disability upon parents, siblings, and peer groups. A number of documents (3, 5, 8) give insight into the difficulties the retarded individual may have in developing and maintaining a personal self-concept adequate for his/her orientation to daily activities. This research indicates that successful adjustment to life for the retarded individual is contingent, to a great extent, upon the development of a self-attitude, and does involve certain insights which, depending upon the severity of each individual's handicap and the experiences of childhood, will determine whether or not there has been an establishment of a positive (or damaging) self-image. Factors contributing to the growth of a positive self-concept include such milestones as the establishment of a

differentiation between self and non-self, the provision of an optimal environment for the young child to strengthen his own capabilities, the recognition by the child of himself as a separate person with certain individual characteristics responded to by others; appreciation of how well the individual's disability is accepted and understood by significant "others," a realistic understanding of capability, opportunities to obtain satisfaction for accomplishment, the ability to cope with stress in acceptable fashion, and how well the retarded individual has been helped to deal with the transition from childhood to adult status and behavior patterns.

All of these factors outline the transitions that every individual meets as he grows towards maturity. But reflection upon these needs may help librarians orient themselves to the stresses encountered by the retarded and, most importantly, help the librarian to make professional judgments concerning the materials and services appropriate for this specialized population.

A Look at the Library

When considering the developmentally disabled as individuals, some thought should be given to how the disabled view the library and what it does (or what it can do) as a community resource.

First of all it is generally agreed that the library should be non-threatening. Any contact with the library should be a positive experience for the developmentally disabled individual. But if this is to be, the librarian must ensure that the services are accessible, that the system is understandable, that welcome and acceptance are felt by each handicapped individual, and that there are good reasons (in his/her terms) why the library should be a resource for needs. Most of all, the library is a place where no judgments about worthiness are made and where the individual is accepted for what he/she is or wants to be. While this is hardly an original observation, it is only recently that libraries (especially public libraries) have had either the social consciousness or the money to include certain groups of hard-to-reach citizens in library programs. There has been a redefinition by all kinds of librarians of what services are considered a right, and who constitutes each library's clientele.

Assessing the Community

No matter what kind of library one is concerned with — public, special, school, or institutional — at some point a decision must be made regarding both the characteristics and the needs of the community to be served. If, for example, the objective is to work with the developmentally disabled in an outreach program of a public library, it will be necessary to find out how many developmentally handicapped are in the area, what ability levels are represented, how this population is distributed, where the community living homes or programs are located, what transportation situation is for both the library and its potential developmentally disabled users, and perhaps how the local Association for Retarded Citizens can be of value in program development.

If a library is part of a residential facility, one is obliged to determine such factors as whether the community responsibility is viewed as stopping at the institution's front door or if the resident (patient) is followed when he/she returns to the community. How do staff and resident services work together; what is the library's felt (or perceived) obligation to parents, community technical assistants, nursing homes, foster homes, public school system, and public library? What is the library's leadership and clearinghouse role within and outside the facility? These are only a few of the considerations necessary if the disadvantaged citizen is to have meaningful access to a total library network.

The school library is also involved in reexamining the needs of its particular community. Because most

states now require the public school systems to provide an educational experience for all children regardless of handicap, the librarian in an educational setting may, in the process of planning suitable programs, discover that none of the materials in the school library are appropriate for the child who is mentally handicapped. In a further assessment of library users the librarian may also find that traditional resources are not adequate to meet the needs of the educational specialists who will now be part of the school facility. It may become a challenge to the librarian to assist technical personnel such as occupational therapists, physical therapists, speech therapists, and psychologists in helping them to obtain the information guidance that the specialist will require.

Program Development

After gaining insight into the needs of the developmentally handicapped person, and following a study of the particular characteristics of the community to which the librarian identifies his/her responsibility, the practical response is to establish and carry out those programs which can be judged as meeting the needs and rights of the developmentally disabled. As these programs are established, the librarian should be aware of a term that in the past few years has come to be synonymous with the current treatment philosophy: the word is *normalization*. Basically, "normalization" refers to the trend toward keeping the developmentally disabled in the community as long as possible or, if the individual in question is in a residential facility, returning him to the home community as soon as adequate life arrangements are possible. Once in the home or foster home environment, it is hoped that the resources of the community will be utilized. Two obvious community resources of concern to the librarian are the local public and school libraries, two agencies whose utilization can prove extremely helpful. However, the fact remains that some people, due to severe multiple handicaps, require special kinds and conditions of care not available either in their own homes or nearby. In these extreme cases individuals will need to spend all or part of their lives in a residential setting developed to provide specialized diagnosis and evaluation, special training and treatment, or perhaps extended care services. The library agency that becomes involved when these special conditions are present is the special library in the residential facility. It is the concern of this kind of library to work towards the normalization process even in extraordinary cir-

cumstances. A discussion of a special library approach to providing adequate information resources for the benefit of handicapped individuals may be of value to other libraries involved in program development.

The Special Library in a Facility

The goal of the library information center in a residential facility is, as noted, to contribute to the total normalization process of the institution. To do this the information center in the facility may find it appropriate to assume responsibility for areas of service that include not only the traditional staff, resident and audiovisual services, but also to integrate facility activities concerning public education, grant writing, in-service education, and community services into an appropriately functioning unit designed to manage information services in the complete definition of the term. Since this approach to administering coordinated library-information programs has only recently begun to take shape in residential facilities, it might be of some interest to mention specifically what kind of programs can be developed in each of these areas. In general, the philosophy underlying the organization of services is to respond to the individual and community's needs rather than to have the community conform to the traditional organization of and expectations for a library program.

Staff Library

The objectives of the staff library program are related to those of any good special library and should be well known to the professional information specialist. However in passing, it might be appropriate to note that in addition to the standard library activities (such as collection development, reference services, literature searches, interlibrary loans, etc.) the importance of the incorporation of audio and videotapes, film loops and slide tape presentations into the general collection, and the transfer of collection emphasis from print to a multi-media resource is highly desirable. The tape produced by a special library will, in many cases, be more valuable than a book someone began (or even finished) several years ago. Another important program concern is the need to be in the wards, units, or buildings once or twice a week, at least in large facilities where patient and staff access to the library is difficult. If the librarian regularly makes rounds with other professionals and, in

conjunction with them, establishes a close relationship with social services and the admitting officer, information about the resident and his/her diagnosis will be available to resident living ward personnel immediately after staffing and/or even before formal admittance to the unit.

The staff unit and all units of the library will find that numerous telephone lines are indispensable. In addition to standard uses of the telephone the library should also use automatic systems such as a dial access program and an on-line information service (or *hotline*) that helps establish the library as a truly "enabling" information center representing a neutral agency in the politics of the facility. An extension of an audio information service is possible and desirable through the use of television where information of all sorts is available either on call or as scheduled. Since communication is always difficult in a large facility, closed circuit television permits the immediate or delayed transmission of an entire gamut of activities of value to all personnel engaged in the mission of the facility. Appropriate programs may include the daily report, a special message from the superintendent, a taping of administrative staff meeting or of a resident staffing, programs featuring specialized techniques, training programs, resident communication notes, affirmative action guidelines, safety messages, or responses to any of the hundreds of needs for communication within a large facility.

Residents' Library

Non-print is the key to serving the resident portion of the facility community. The program is primarily therapeutic. All recreational, school, music, or other library programs lead to that end regardless of the specific techniques, methods, and devices employed. In most residential facilities, either now or very shortly, the population will be characterized by very low functioning residents, perhaps up to three years mental age, and the CA age range may be extreme, i.e., 0-75+ years. Virtually all will have multiple intellectual/cognitive handicaps and major deficits in many motor or sensory areas. Some of the work for residential facility librarians may be centered around establishing such basic functions as attending, grasping, reaching, turning to sound, eye focus and contact, raising the head, motor planning, perceptual-motor activities, developing identification of and responses to smell, touch, sound, and color. Many of the residents will be in the library because the activity was recommended in staffing; i.e., the child may need individual attention, school or

preschool activities are lacking, or socialization skill development needs encouragement. Library programs designed to meet these and other deficits include one-to-one interactions where toys stimulate the child to develop a basic skill, a music session planned to encourage vocabulary or to enhance personal identification, and group interaction. Library activity periods can also be based upon simple or elaborate materials. For example, slide-tape presentations that feature the children themselves or people they know, pictures taken of the children in past activities such as animal day, a Santa Claus visit, a clown visit, trick-or-treating in costume, any holiday, a camping trip, fun in the park, a visit to the public library, and so on are also effective. All of these are adaptable to videotape, but the format used will be chosen as most appropriate for the media, and only good results can develop from media overlap. In addition, storyhours are in no way "out" and are always very effective, even though adaptations must be made and the librarian must know her group and each child in it well enough to select appropriate programs which may include the use of films, filmstrips, and phonoviewers. Programs and activities should be carried out not only in the library but in wards and classrooms with activity therapists or ward staffs, outside on the lawn or just on a walk.

Audiovisual Services

Indispensable to an effective information services program in a facility (and in the school or public library as well) is the inclusion of the audiovisual production and distribution facility within the library's area of responsibility. Today it is virtually impossible to provide services in anything other than extensive multi-media formats. Offering audiovisual services of all kinds is the efficient way to organize services and materials. Services offered will be concerned with two major aspects — production and distribution for both resident and staff programs. Production responsibilities include:

- (a) Motion pictures: 8mm, 16mm, sound and silent.
- (b) Display and exhibits: scale models, samples, mockups.
- (c) Audiovisual services: sound motion picture, videotape, live television, closed circuit television, sound filmstrips, slide tape services.
- (d) Still projection pictures: 35mm slides, filmstrips, opaque projection material, overhead transparencies, microfilm, printing, enlarging.

- (e) Audio services: tape recording, editing, duplication.
- (f) Pictorial and graphic representation: black and white photos, color photos, illustrations, drawings, sketches, charts, graphs, posters, maps, and diagrams.
- (g) Repetitive materials: lettering, sign painting, silk screen, publication layout.
- (h) Consultation: production cost and time, best media, equipment evaluation.

Distribution activities involve:

- (a) Classification and cataloging of films, tapes, graphics, and other audiovisual materials.
- (b) Maintenance of catalog and resource materials to locate audiovisual materials.
- (c) Scheduling both inside and outside the facility.
- (d) Provision of projectors and/or operators for all audiovisual activities and extending assistance in use of materials and equipment.
- (e) Maintenance of equipment and materials.
- (f) Planning of audiovisual aspects of workshops, meetings, individual study.
- (g) Responsibility for closed circuit television system with the facility and coordination of the tieups with local closed circuit television programs.

Grant Identification

Another area not commonly associated with the conventional self-image of the library, especially within the context of providing extended facility-wide services, includes the information center's responsibilities in locating and obtaining grants. In this area the library has as one of its services the responsibility to be alert to extra-budgetary funding opportunities and to work with the appropriate departments within the facility to take advantage of these programs. If the library is alert it will also see to it that programs, services, and funds are built into the grant application to assure the satisfaction of the project's information needs. If the library, through the designated staff person, assumes the major writing responsibility, the focus of the application may permit major contributions to the total library information program.

Continuing Education

In a number of facilities throughout the country it

has been reported (10) that a popular organizational pattern for information centers is to have them established within the staff training and development unit: an organizational arrangement that may exist more from custom than from logic. In this time of changing roles it would appear to be appropriate for librarians to accept a broader-based responsibility and be willing to consider the administration of a training unit as part of an enlarged definition of information services. Unfortunately, not many librarians may feel qualified to take on this role and it might be more appropriate to suggest that the facility information center has a major contribution to make in the education and training of adults. Even more than in a public library setting the special library should carry out a major role in providing appropriate, flexible, and individualized learning opportunities. In a unique community such as an institution it is clearly incumbent upon a library in its adult education role to actively contribute to the total goals of the facility by developing innovative approaches to continuing learning opportunities that are appropriate for the entire staff of the facility, no matter what the subject matter or scheduling considerations might be.

Public Education

Most residential facilities feel a responsibility and an obligation to share with other people information about their institutional programs and their facility in general. Many feel that, since one of the goals of the facility is to return as many residents as possible to the community, it is the responsibility of the institution to prepare the lay person to understand the special problems a retarded individual may face in a "normal" environment. One of the most effective approaches in community education is to develop at the elementary or high school level a curriculum on handicapping situations in general, and mental retardation in particular. Most facilities have discovered that schools find it useful to be able to draw upon a carefully planned curriculum, and the schools will use the resource frequently if its existence is known. Other public education projects include public relation releases to newspapers, preparation of annual reports and other documents, and responsibility for the house organ.

Community Services

Since residential facilities, now and in the foreseeable future, will increasingly become centers concentrating upon the development of new techniques and services in the field of development disabilities, the library should also plan to organize workable programs for sharing commercially available resources and for making plans to carry out the

responsibility for translating the techniques and information developed by the staff of the facility into a sharable format that is useful and available to the people working in the field. This means that the library will have to work with subject specialists in various areas to produce appropriate records of activities, training, and research which may be of general, lay, or professional interest.

The Model — Is it really applicable

Does the program just described have application to the public library that is concerned with developing appropriate programs for the developmentally disabled in their community? The answer will depend upon how a public library chooses to define service within the resources and staff constraints of any particular community situation and in consideration of available local programs. Certainly the developmentally disabled should be offered no less than other special populations. But since most libraries now offer through outreach projects activities such as story hours, film programs, book sessions, and selection and delivery of materials for special populations, the addition of programs designed to include the mentally handicapped should be fairly easy to manage. If a library does find itself involved in the practical aspects of planning appropriate services it might be worthwhile to locate preschool day services programs, adult day programs, and the vocational rehabilitation units in the library service area and to offer bookmobile stops and special library visiting programs. In addition, adult group homes may also welcome a "reading program" at their center, especially in the evening, and films in this situation also work very well. Many public outreach programs serve the residents of nursing homes, and since more and more nursing homes also care for the retarded, programs to these homes should include some provision for filling the needs of the developmentally disabled living in this setting. In general it might be useful to reconsider the service approach of the facility library program and attempt to adapt a variety of procedures to meet the needs of the developmentally handicapped clientele living in the community.

Conclusion

One of the keys that will determine whether or not the library field can adequately meet the information and recreational needs of the developmentally disabled may be closely tied to a very old principle of library service — interlibrary cooperation. It would be a worthwhile future goal for librarians to give actual meaning to that term when deciding which services the public, school, and special library can provide for

the developmentally disabled. The librarian's responsibility with this population is very great. Due to the nature of the disability the mentally handicapped individual does not have the freedom of choice available to most people in selecting library services. He may not know what his rights are or what the librarian's obligation to him is, and even if so inclined, he usually cannot lobby to insure that he receives proper library services. When the library fails the mentally handicapped individual, it fails him completely. When a non-retarded person has to cope with the world he usually manages to figure out the maze of social and governmental machinery in order to get what he wants. This procedure is very often too complex for the mentally handicapped. Let us not add the library to the list of agencies whose use is so complicated that it fails to serve this large group of citizens deserving of appropriate library programs and resources.

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patient library in action: florida state hospital

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Florida State Hospital is our state's oldest (since 1876) and largest mental hospital. Like many of Florida's institutions, the site of FSH appears to have been selected by virtue of its isolation: the north Florida woods on the Georgia border, in the city of Chattahoochee, population 3,000. FSH currently has 2,700 adult patients: of these roughly 50 percent are geriatric, 15 percent criminal; racially they represent a 40-60 percent black-white ratio.

The following are some characteristics that we've noted over the past two and one-half years:

Mental patients are in an environment which does not allow them to function as members of society.

They are cut off from their former personal attachments: community, family, and friends.

Most patients become dependent on the institution to an excessive degree.

Often, the longer a patient is institutionalized, the more he regresses in terms of his ability to communicate, read, listen, and reason. He makes few independent decisions — and is rarely asked to think for himself.

Most older patients have little or no education. They are afraid of leaving the hospital setting — and many even hesitate to leave their own buildings.

Criminal patients are generally younger, better educated, more active, and eager to stay busy.

In essence, the hospital is an "unreal" environment and the longer someone is institutionalized, the

harder it is to ever readjust to society.

The hospital is currently attempting to reverse these patterns through patient remotivation programs and closer involvement with the community mental health centers. To this end, the psychiatric aide, who once served an exclusively custodial function, is being retrained as a therapist and urged to interact with his patients. Significantly, newly formed staff treatment teams are beginning to take a more responsible attitude toward the welfare of the patient.

Library Philosophy

Patients have the same needs for self-fulfillment and independence as the rest of society — and the library must address itself directly to the implementation of those needs.

As a change agent for both the institution and the patients, the library provides the materials and services which will help the patient return to society. In this role we have many faces:

as a mirror of life in the outside world — trying to represent the many facets of a changing society;

as a manifestation of the real world in the hospital setting: our materials and services are the same (or better) quality than available in the outside;

as a part of the hospital's therapeutic treatment plan — working directly with other therapists to implement changes.

We help the older and regressed patients to understand how life has changed since they've been in the hospital — and how they can fit back into that life.

We help the short-term and younger patients to keep up with life while they're here — so they won't become estranged from their community.

To accomplish this we must provide materials and experiences —

for learning about daily living;

for furthering education, formal and informal;

for understanding and changing behaviors;

for enjoying life;

for stimulating the mind.

Library Program

For years FSH has had a patient library. As re-

cently as two years ago it had 20,000 old, donated books — and some heavy wood furniture to complement them. Today things are different.

The library itself is located in a small but attractive building in the center of the hospital campus. Its bright yellow walls stand in sharp contrast with the usual greys and greens associated with institutions — but the contrast goes further than that: carpeting, bean bag chairs, comfortable seating, patient art work, and plants define a space for patients to experience something of what life is like in the outside world.

There is a limited amount of walk-in traffic to the library as most patients do not have "grounds privileges" and must visit the library either in a group or with an aide. Film/discussion programs are held with many of the groups who visit on a regular basis, and the patients particularly enjoy listening to records with the earphones and thumbing through the latest *Jet*. Book carts, staffed by psychiatric aides and recreation therapists, travel to the closed wards on a weekly basis with books, records, and magazines.

In February 1973, with LSCA grant incentive, the hospital made a commitment to the establishment of an active Patient Library program and hired its first professional librarian. Today the library's staff for 2,700 patients is two full-time employees, one half-time NYC aide, and four part-time patient aides.

In starting our program the first step was to determine who were our clients, their needs, and our role as part of the therapeutic patient treatment. This was not an easy task — two and one-half years later we are still working on it. Initially, though, we examined hospital data on the patient population. We conferred with aides, nurses, and therapists as well as the patients themselves — asking them what materials and services they wanted from us. Since most of the patients and staff had never had contact with library services, they had a very narrow concept of what we "book people" could do. In the end we used our data to help mold a program based on their reactions.

The first two years were spent primarily in building a collection, setting up appropriate facilities, and starting the basic services. Most of the programs which developed were aimed at readers. The plans we are working on today seek to broaden services to include the total hospital population — especially the nonreaders and the regressed.

The following are some of the ideas that have become clear to us since our initial surveys:

Nonfiction titles (especially psychology, nature, and black heritage) are much more requested than fiction.

Records and magazines interest more patients than any other media.

Talking books are most effective in a group situation.

Book carts work best with those who already read or appreciate books.

The most important quality to look for in selecting the book cart aides is their concern for the patients.

Audiovisual materials which teach basic living skills to adults are practically nonexistent.

The fish tank is more interesting than the bulletin boards.

Library Collection

Our collection is not unlike that of a public library but tailored to the special needs of our clientele. Aside from some general fiction and nonfiction titles, our books include a large paperback collection, comics, picture books, large print, and all the high interest/easy reading titles we can find that might have relevance to our adult patients. Patients may choose from over seventy-five magazine titles, several in large print, and newspapers from all the major Florida cities as well as many smaller areas.

Since most of the patients neither read nor write at a functional level, we have had to turn to audiovisual materials to reach them. The library has a large collection of filmstrips, records, and cassette tapes — as well as slides and film loops. Some of the "realia" include study prints, viewmasters, posters (which rotate among the wards), and puzzles.

Most of the AV (and print) materials which we purchase are selected to supplement the remotivation groups and help prepare the patient to leave the hospital; they cover such topics as: daily living skills, personal hygiene, the community, human behavior, holidays, family planning, nature, and animals. We also select AV solely to motivate patient communication — regardless of the subject matter. In use, these materials often have to be modified to fit our special needs: used without accompanying sound, shown only in part, rerun several times, etc.

Because our patients have special needs which can't always be served by the materials available in the marketplace, we have begun making our own media. The traditional picture file is slightly different in our setting: we collect pictures of everyday objects, people, and places which we laminate for use in the remotivation groups. We have made slide sets on

such topics as the care of false teeth, taking a bath, personal hygiene, and appearance; we're now working on slides of the hospital grounds and local cities. Our aquarium was so popular, we have had our Construction Department make us a large ant farm — and more animals are planned for the future.

Staff Workshops

We have learned after two years that we can't possibly reach all 2,700 patients ourselves—we must work through the staff who are in direct contact with them: the aides, nurses, social workers, and recreation therapists. To that end we have begun working in an advisory and resource capacity with the many remotivation groups which these people are conducting. Inspired by Orlando Public Library's "Sharing Literature with Children" program, this approach is a significant change from traditional hospital programs. We are providing workshops in how to use library materials to enrich a group therapy situation; introducing the staff to the materials in the library; teaching the use of our equipment; showing how materials can be used as discussion starters; giving these staff members opportunities to practice their skills. In turn the staff can check out materials and the necessary equipment to play and project them.

Our initial targets for the workshops are the professional therapists and their staffs: social workers, activity therapists (art, music, occupational, recreation), academic and vocational teachers, psychologists, and nurses. For the most part these people already conduct special programs for patients and can easily incorporate our new knowledge into their fields. The next target will be our largest group of employees, the psychiatric aides, who are slowly assuming the role of therapist.

The response to these workshops has been mixed. The staff member who has been working with patient groups is eager to use our materials — he recognizes the value of any medium which can help focus the patients' attention and elicit responses. Staff members who are unaccustomed to this approach do not readily see how the library can help them. We don't yet know to what extent this is helping the patient, but feedback from most therapists shows that (1) library materials are helping them to do a better job, and (2) patients are responding more and showing a new interest in group activities.

Bibliotherapy

In choosing to spend much of our time on staff training, we have had to cut back on the number of

bibliotherapy groups that library staff conduct. We still feel that this is an important technique in working with mental patients and incorporate many of its concepts in our staff workshops. One library-run bibliotherapy group with the criminal patients lasted for over a year. Although this group tried many activities, the most popular one was reading plays — short mysteries were the most effective, but we also read longer ones like "Harvey" and "Boys in the Band." Plays are an especially good medium for working with the mental patient because even the shiest ob-

server and worst reader wants to participate after watching for a while. In this relaxed setting we were able to discuss the characters in our plays: their motivations, and their approximation to reality. We never produced any plays, but this certainly could have worked out if our staff had had more time.

Patients can't be forced into changes, but they can be stimulated, encouraged, and helped to be self-fulfilling and independent. This is the role of our library at Florida State Hospital.

western state hospital

justina costales

staff librarian

and

jan wise

librarian, public library

western state hospital

fort steilacoom, washington

Western State Hospital, a 1,560 bed psychiatric residential facility, operated under the Division of Community Services of the Washington State Department of Social and Health Services, is located southwest of Tacoma, at Fort Steilacoom, a United States Army post from 1849-1868. It was established as the first public mental institution in the Washington Territory in 1871 with 21 patients.

Although the population peaked with 3,148 patients in 1955, it has gone down to below 1,000 in recent years. The current population is about 800 adults (526 males, 292 females) and 32 children (ages 8-18). Sixty percent are voluntary admissions and 40 percent court commitments. Two hundred are admitted and discharged monthly with 60 percent of admissions being returnees. The adult mentally ill patients come from the western Washington counties. The sexual psychopaths, drug offenders, and severely disturbed children come from the entire state.

The hospital is organized into the following treatment units (figures in parenthesis are the latest population figures):

Evaluation and Treatment Facility (15-20) provides complete psychiatric and physical examination, psychiatric treatment, and any necessary medical treatment for patients committed by

court for 72 hours or 14 days because they are considered a danger to themselves or to others or are gravely disabled.

Adult Psychiatric Unit (231) takes care of voluntary admissions (ages 19 - 60) and court commitments for 90 and 180 days. The goal is to restore the patients to an acceptable level of functioning as quickly as possible so that they can return to the community.

Legal Offender Unit (231) is composed of three programs: The Mentally Ill Offender Program (74) observes and treats criminal offenders suspected of being mentally ill at the time of the crime. The Drug Offender Program (29) provides treatment for drug addicts selected from the state correctional institutions. The Sex Offender Program (150) provides evaluation and treatment for those convicted of sex offenses. This program was a recipient of the 1971 Significant Achievement Award from the American Psychiatric Association. The treatment for the criminal offender averages 18 months; sex offenders spend 33 months minimum undergoing three treatment phases.

Geriatric Unit (255) takes care of all psychiatric

patients over age 60. Many of these patients are prepared for return to the community, to nursing homes, intermediate care facilities, or their own homes.

Medical-Surgical Unit (73) takes patients from any part of the hospital if they need intensive medical or surgical care. It also serves other state institutions without medical-surgical services.

Child Study and Treatment Center (32) is a 42 bed facility and the only children's psychiatric facility in the Department of Social and Health Services. It provides a short to medium term (4 - 6 weeks) treatment for severely disturbed children, (ages 8 - 18), outpatient follow-up for former residents and their families, and a day care program for children (ages 4 - 10). It also develops training programs for communities wishing to provide programs for children.

These treatment units utilize the services of various departments organized according to specialty, such as social services, nursing services, activity therapies (occupational, recreational, industrial, and volunteer services), chaplaincy, in-service education, dental services, pharmacy, laboratory, library services, and supporting services such as the business office, accounting, personnel, housekeeping, plant operations and maintenance, commissary, greenhouse, laundry, photography, and print shop.

Latest statistics show that there are 830 hospital employees in 90 different job classifications including 200 attendants, 170 LPNs, 50 RNs, 14 psychiatrists, 6 physicians, 2 dentists, 30 therapy supervisors, 25 activity therapists, 70 clericals, 70 maintenance personnel, and 40 food service employees. There are psychologists, chaplains, pharmacists, lab technicians, etc. In addition, there are teachers from the local school district who provide elementary and high school programs for the residents and day care clients of the Child Study and Treatment Center.

The hospital provides clinical training for students from several area educational programs: surgical residents from Virginia Mason Hospital in Seattle; graduate social work students from the University of Washington; psychiatric nursing students from Tacoma General School of Nursing; practical nursing, nursing aide, and operating room technician classes from Clover Park Vocational-Technical School; medical secretary students from Bates Vocational School; occupational therapy students from the University of Puget Sound and Green River Community College; psychology students from Evergreen State College and other academic institu-

tions. It also provides experience in work with the mentally ill for students enrolled during Winterim in Pacific Lutheran University and Washington High School.

There are several agencies and programs based on the hospital grounds that are not administratively a part of the hospital, but either give services to the patients or make use of some of the facilities and services of the hospital. Legal services is an independent legal organization providing legal advice to patients in various matters such as divorce, financial, and commitment problems. The Day Center for Older Adults is a program under a state and federal grant that takes clients, ages 60 and over from the community during the day and provides them with programs that will help to prevent institutionalization. The Office of Personal Health Services is a part of the Department of Social and Health Services which helps patients with Medicaid. The Work Release Training Program is a part of the state corrections system. The staff and the residents use the facilities of the hospital and clients work in various areas of the hospital to pay for room and board. Oakridge Group Home for girls paroled from state juvenile corrections agencies is on the grounds of the hospital but operates independently.

Library services is another "guest agency" in the hospital, but unlike the others, it operates as an integral part of the hospital, and was set up as a cooperative undertaking between the Washington State Library and the institution. It has two components — the staff library and the public library, each staffed with a professional librarian and a library assistant. Although each section is autonomous in its programs and operations, the librarian with the most seniority acts as the department head in its relation to the hospital. Under the present contract of the Washington State Library with Pierce County Library, the permanent staff of Western State Hospital Library Services are Pierce County Library employees; the staff library operates as a branch of the state library, its collection being provided by the state library and its services an extension of the state library's services to state agencies. While the public library operates as a branch of Pierce County Library, to which most of its collection belongs.

It is interesting to note that the importance of library services in the institution was recognized from the very beginning of the hospital. In his report for October 1871 - September 1873, the resident physician of the Asylum for the Insane of Washington Territory said, "I deem it a very important matter to start a small but well selected library." The board of trustees of the hospital reported in 1879 that "the movement

inaugurated by the employees of the hospital for the purpose of securing a collection of books, periodicals, papers, etc., has been eminently successful." In the Hospital Biennial Report for 1907 - 1908 an appropriation of \$500 was recommended for library services for the next two years. In 1950, the library moved to its present location — the second floor of the newly completed building which was purposely constructed for use as a research, diagnostic, and library center.

In 1956, the Mental Health Research Institute was established. Although administratively independent, it worked very closely with the hospital. When the research library was organized, and medical library of the hospital was integrated. The hospital continued to provide funds to purchase books and journals needed by hospital staff, and the research institute provided library staff, as well as its equipment and the greater portion of the book and journal collection. The report of the state library survey made of institution libraries in 1965 states that the collection of the MHRI Library was "undoubtedly the best collection of materials for staff use in the Department of Institutions."

It wasn't until 1966 when the Washington State Library Institutional Library Services Program was established that library services for the hospital and the research institute had any supervision and direction from professional librarians and conformed to library standards.

Staff Library

Access to scientific information, keeping abreast with current concepts and proven methods of treatment, updating knowledge and skills, and understanding oneself and others are important ingredients in the mixture that makes quality performance for patient care. If the library serving those who give services to patients does not provide means for the helpers to do these, it has no reason for being. So it is that the staff library's main objective is to provide library materials and services to support the hospital's programs for patient care and treatment, staff development, and continuing education. A big chunk to bite considering that the physical facility is not large, collection is small, and library staff consists only of a librarian and library assistant!

Although small, our library is larger than most other institution libraries in the state. It occupies one end of the second floor of the research building, sharing some common areas with the public library, such as the conference room, staff lounge, photo-

copy room, and three study rooms. Unlike other hospital complexes, where all areas are interconnected with hallways, our library is in a separate building, making access for many patrons difficult. One must really like or need something from the library to make the trip.

The main target of our services is the hospital staff, but we also serve all the students on clinical training, volunteers, and staff of the agencies based on the hospital grounds. Indirect and direct services are given to patients — indirectly through our service to staff and through loans of materials to the public library, and directly by loan of materials to patients whose therapists recommend direct access to staff library materials. This is especially so with the residents in the legal offender unit who are required to read on their problems and participate in planning their treatment. They are issued cards signed by the therapists and countersigned by the public librarian or her assistant. The latter is necessary in order that the librarian can become aware of the patients' needs and may be able to fill them with less technical materials in that collection. For patients who have no cards, materials are loaned to the public library. Its staff determines whether a patient should use the materials in the library or is responsible enough to check them out.

Staffs of community mental health centers, students from academic institutions and senior high schools, psychologists, social workers, physicians, psychiatrists, and teachers from the community find our collection a great resource in the areas of psychology, psychiatry, and mental health related subjects. We make available to them the collection and our expertise in the use of bibliographic and other reference tools. Students, however, need to get cards or notes from their own school or academic librarians in order to check out materials. In effect, this short cuts the interlibrary loan process.

The collection was built on the former research library collection. The change from research to clinical orientation became necessary when the research institute was phased out in 1970. In the development of the collection several factors are taken into consideration — the changing concepts of psychiatric illness from the medical to the behavioral model, patients' rights, shorter hospitalization, and community treatment leaving in the hospital the chronic, long-term, hard to treat and gravely disabled, and the increase of the offender unit population whose problems are usually pathological behavior.

Our materials are purchased by the state library and included in its catalog. Books are sent to us either on indefinite loan or regular interlibrary loan.

Basic references and books needed very often are on indefinite loan, that is, they stay in the collection as long as needed. All cards are provided. There are over 5,000 volumes on indefinite loan. Subscriptions come direct from the publisher. There are 180 current titles including about 30 received as gifts or on mailing lists. There are over 4,000 completed volumes of journals representing 251 titles. There is no budget specifically allocated for our use. Justification of need usually meant approval of request until the era of budget squeeze. Major responsibility for material selection is the staff librarian's. Hospital staff recommendations and evaluation of materials are encouraged. We always keep an eye out for pertinent free materials, especially federal and state documents. Most of them go into the pamphlet and bibliography files, but some are sent to the state library for cataloging.

Currency of information is of paramount importance, so journals form a large portion of the collection. To extend our journal collection several titles are routed from other institution libraries and the state library. We also find it necessary to have a large collection of bibliographic sources, such as *Index Medicus*, *Psychological Abstracts*, *Abstracts for Social Workers*, *Sociological Abstracts*, *Social Science Index*, *Nursing Literature Index*, *International Index to Nursing Literature*, the Psychiatry, Gerontology, and Geriatrics, and Rehabilitation sections of *Excerpta Medica*, *NLM Current Catalog*, *BIP*, *CBI*, *Hospital Literature Index*, and *Hospital Abstracts*.

We depend almost entirely on the Washington State Film Library for audiovisual materials. Films not in the collection are rented for us, but there is a \$15 limit for rental unless there is very good justification for more expensive ones. We participate in the evaluation of films for acquisition by the state film library. We keep a large collection of AV catalogs and keep an eye for free sources of AV materials. We have a few cassette tapes, about a hundred. For a while we were able to get tapes on indefinite loan, but this was discontinued because of financial and copyright problems. We now get them on one week loan which poses problems. Tape users like to have a browsing collection of new tapes. An unanticipated spare time during the weekend, a long trip affording time for listening, a gap in a program and a tape seem to be a bright idea to fill it, are instances when patrons call or come to the library for tapes only to find that they have heard all the tapes of interest in the collection and be told that it will take a week or more to get others. From observation, users listen to tapes to supplement rather than replace their reading.

We have about a dozen cassette tape players —

enough to fill needs at this time, but we sorely need a 16mm film projector. Formerly it sufficed to refer patrons to hospital departments with equipment, but the use of films for hospital programs have increased tremendously. We encourage hospital departments to put on deposit in the library their AV software and hardware that they do not use often, for organization, hospital wide use and control. In-service Education Department had done so with their audio-scan filmstrips and projectors, overhead projector, cassette tape players, and slide projector. We now see a need for single concept films or filmstrips, especially for orientation and training of new employees who are hired usually one at a time.

Delivery of documents is greatly extended by interlibrary loans from the state library, other institution libraries, Pacific Northwest Regional Health Sciences Library, Madigan General Hospital Medical-Technical Library, VA Hospital at American Lake, and sometimes the university libraries and public libraries in the area. Vice versa, we loan our materials to other libraries, sometimes outside the state including Canada. The *Washington State Resource Directory*, *Periodical Holdings of the State Library*, including the holdings of Evergreen State College and the Law Library, and *Union List of Periodicals in Institutional Library Services* are helps in the rapid delivery of documents.

Reference and information services and compilation of bibliographies are time-consuming but are most interesting and challenging. Questions not within the capability of our collection are referred to our reference consultant in the state library or to the Pacific Northwest Regional Health Sciences Library. Madigan is just a few miles from us; on some occasions when there are rush requests, we make arrangement for the patron to pick up the materials himself. Madigan is also a MEDLINE terminal and the librarian is always helpful in doing literature searches for us. We have not made very much use of the service, however, despite Madigan's generosity in absorbing the cost of computer use, because behavioral and psychiatric aspects can best be retrieved by manual search and scanning of the actual material.

Current awareness service takes the form of routing journals as they arrive or sending to requesting staff photocopies of the table of contents of selected journals. Patrons can send back the table of contents with indications as to articles needed. These are photocopied, or in some cases, the whole journal is loaned.

Another form of current awareness service is the interest profile. Based on programs going on, refer-

ence and information requests, interlibrary loan requests, and expressed interest by patrons, we notify them of pertinent materials that we come across. Sometimes we send the table of contents, pinpointing the article that they may be interested in, or a copy of the first page of the article just to serve as a "bait." Invariably notes come back saying, "Yes, please send me the article," or when they see us, they say, "Thank you for bringing it to my attention."

Newly started is a lunch hour film program. This is a spin-off from comments that there is a need for staff from various areas of the hospital to know and communicate with each other. In a hospital this size, it is not unusual for even longtime employees not to know each other. As the lunch period is only thirty minutes, only very short films are selected. Mostly entertaining but with pertinence to the work and concerns of the hospital. A film of the month program will be proposed for joint sponsorship with the Education Committee, using longer and more work related films.

The scarcity of library staff is always a problem. We have tried getting volunteers but somehow working directly with patients seems to be appealing. The library is one work area in the hospital where patients aspire to be assigned for industrial therapy. Although patient help is irregular and uneven, some prove to be of great help. On the whole, the time spent in training the constantly changing patients, some not really motivated, often outweighs benefits for the library. More important, however, are the therapeutic benefits derived by the patients and our joy in contributing to the development of the patients' self-esteem, self-confidence, and trust. Library staff need to polish their helping skills to be good therapeutic agents.

To make library services responsive to the needs of the hospital, it is imperative that we keep abreast with what is going on — current and planned programs, treatment modalities, and changes in organization and staff. Seen as vehicles that help us become aware of these and afford us greater contact with hospital staff, membership in hospital committees, attendance of hospital workshops and presentations, sometimes even retirement parties and open houses of wards, are given high priority, as long as there is library coverage. We make it a point to talk with staff who come to the library, because we get information we could not get otherwise.

Our wish list, if money becomes available, would include more staff, so that we can expand our current awareness services, make faster delivery of materials, compile not only on demand bibliographies but some in anticipation of needs, give more help to supervisors in their program planning for patient and staff

education, more time to assess staff continuing education needs, and select more carefully from the burgeoning literature materials that really meet the needs for patient care.

Public Library

The reason for the existence of the resident's library is to provide public library service to the residents and staff. Our objectives are to meet the educational, recreational, reference, and therapeutic needs of the patients, as well as to provide materials most pertinent to those who are leaving the institution and to make our patrons aware of the outreach and public libraries in the area to which they are being discharged.

Recent factors and trends within Washington State are bringing about changes in library services to the mentally ill in the state of Washington. When the Washington State Civil Commitment Law became effective in 1974, it became extremely difficult to involuntarily commit a disturbed person. A county mental health professional must initiate proceedings for an evaluation and treatment period of 72 hours, after which the evaluation and treatment facility must return the patient to court after 72 hours, 14 days, and 90 days, if that extent of treatment is warranted. Coupled with the trend towards community mental health, which has caused many of the voluntarily committed patients to be discharged to intermediate care facilities, our psychiatric patients are therefore in less contact with reality and remain for a shorter duration of time. The drug treatment modality for the psychiatric patient produces blurred vision, slowness of motion, and other drug related mannerisms mandating that library service be geared to these particular problems.

In 1974 the legislature passed a new act related to criminal commitment. Those persons who are judged too incompetent to stand trial, or plead guilty by means of insanity, are now sent to this facility for either a 15, 30, or 90 day evaluation and treatment period. If judged to be insane and treatable, they are committed to Western State. The Mentally Ill Offender Program has existed for only one year, but is rapidly increasing in size. This also applies to the Drug Offender Program, initiated this year; all of these were instituted due to the highly successful Sex Offender Program. The patron from the offender unit demonstrates few of the characteristics of the patients in the psychiatric unit, as most are not medicated, are in contact with reality to a greater degree, and have more sophisticated and intellectual tastes. These pa-

trons also do a considerable amount of research into their own therapy and the treatment of other members of their therapeutic groups. Due to these radical changes in the nature of our clientele, we have made radical changes in our materials and in our services.

The resident's library at Western State Hospital is a vibrant, ever-changing place. Realistically, the library is not a "place" but a service, as much of our work is not accomplished in-house but on the wards, in cottages, and in other programming areas.

In 1972, we were fortunate to have a staff of two librarians and two assistants, but when federal Social Security Act funds were no longer available, the staff was reduced to one librarian and one assistant. However, through careful planning on scaling down programming, by transferring some programs to ward staff and volunteers, and by assessing needs and priorities in an institution which is always in a state of fluctuation, and adapting our services, we were able to cope with an increased demand (circulation increased 43 percent in one year).

The materials provided to our residents are basically public library materials, with some emphasis on material which is pertinent to those incarcerated in a mental hospital. To deal with visual problems related to senility or the side effects of medication, we cooperate with the Regional Library for the Blind and Physically Handicapped, and maintain talking book machines, talking books, and four radio talking book machines, which have become very popular due to the variety of broadcasting offered, from books to grocery ads to a gardening show. Not only is there an emphasis on large print, including books, *New York Times* and *Reader's Digest*; but large picture books and children's books help meet the needs of those who are visually impaired.

However, the need for library materials for the disturbed is often best met with non-print material, and we have a strong emphasis in this area. Although this branch has approximately 80 art prints, there are seldom more than 15 in the library at any given time. The prints are strictly for patient use, and their heavy circulation indicates that they do brighten up a drab dorm or day room. The mini-art prints serve the same purpose.

The record collection is extensive, and records may be borrowed to use in either of our two listening rooms or checked out by patients who are in relatively good contact. The records see so much use that the attrition rate is alarmingly high. Cassette players and tapes are more convenient for patients to use on an individual basis. We are equipped with a battery recharger which holds 48 nickel-cadmium batteries, eliminating the need to purchase an inordinate

number of disposable batteries. As with the records, the tapes run the gamut from Sesame Street to hard rock to music of the 1930s, as we must serve a population ranging from age four at the Child Study and Treatment Center to people in their 90s.

Perhaps films are the most used items in the audiovisual area. Pierce County Library has three memberships in the Washington Library Film Circuit, as well as its own collection of about 100 16mm films and we are therefore fortunate in selecting from a wide variety of films, and receive approximately 10 new films weekly. We also order free commercial films, as well as therapeutic films from the Washington State Film Library. Films are booked continuously. They are used at least once a day, and every evening they are booked again; on the weekends they rotate among ten wards.

We are also equipped with two 8mm film projectors, one of which takes our 8mm cartridge films while the other takes regular 8mm films. Young and old get enthusiastic about a good Laurel & Hardy film, and they are in constant demand. A piano and a colored television are also housed in the library.

The remainder of our print collection is normal public library reading fare, with several exceptions. Because of the size of our offender population, we maintain newspapers from throughout the state, as well as college catalogs and phone books. Also, a collection of Adult Basic Education books is maintained in conjunction with the tutoring program.

Perhaps one of our most appreciated services through materials is the "give-away section." We obtain unclaimed magazines from the post office, distribute some to the wards, and place the remainder in a large rack in the library. Along with the paperbacks sans covers which we receive from a local bookstore, these are hot items, as most patients don't have the funds to spend on magazines at today's rates and they do not have to assume any responsibility for returning these items.

The one collection in which we take the most pride, perhaps because we had to fight so hard to prove its necessity, is the law library. It continues to receive a great deal of use by both residents and legal services. The movement towards patients rights, the innumerable problems patients encounter with the new commitment laws, and their civil legal issues have placed a great demand on legal services and on the law library.

The services which the library provides have also been altered somewhat by changes within the institution and the subsequent changes in the resident population. We do maintain a relatively large library, which has a reading room, two listening rooms, a

conference room, and study cells. Because our record collection is extensive, and most patients with ground privileges do appreciate a respite from the ward, our listening rooms are generally overcrowded. We maintain four record players with jacks for headphones, eliminating the deafening racket of four machines being played at once; when headphones need care and repair, however, we have a situation which is ear-shattering.

The majority of materials are circulated from the main library. Because it is impossible to maintain a collection that would meet everyone's needs, we are fortunate to be a branch of Pierce County Library, with access to all materials in the county system and throughout the state. Much of the material requested, both print and non-print, is obtained by either inter-branch loan or interlibrary loan.

Because of the number of locked wards, and the many geriatric and medical-surgical patients who cannot come to the library, ward service is an integral part of our operation. Since our staff consists of one librarian and one library technician, we depend on volunteers and a special services aide, who works with us one day a week, to make the ward runs. Materials, including magazines, paperbacks, hard-bound books, and cassette tapes and players are taken to the wards either by cart or by book bag; as the "book peddler" becomes more familiar with the residents on the ward, he is more able to assess their needs and ask the staff to set aside certain types of magazines and books. Posters advertising our materials and services are posted on each ward and urge the patient to call our extension if he is confined, and we then deliver the requested materials.

For two years, we had a poet-in-residence program, funded by a State Arts Commission and the Junior League of Tacoma. Our poet-in-residence led weekly workshops in the reading and writing of poetry, and the rapport built up within the original group was excellent; but when the number of long-term patients decreased due to the trend towards community mental health, the workshop was moved to the offender unit. The offender workshop was videotaped by the library for the benefit of the participants, as an archival document, and as a possible public relations tool for more funding. Because the workshops had shown an obvious therapeutic value in poetry therapy, it was a disappointment when lack of funding caused it to be discontinued. We did not anticipate the initiative and interest of the patients, however, and they have kept the workshops going informally since the poet left.

The library is also a tutoring center, where we match tutors and students in need of basic reading

and writing skills. Again, volunteers and interns from state colleges are utilized to help in this crucial area. We maintain a collection of Adult Basic Education materials, and participate actively with the Pierce County Community Reading Council and the Volunteer Coordinator's office in order to facilitate as much tutoring as possible.

Working with legal services, the public library serves as the center for voter registration for those residents who are not felons. We contact the registrar, then coordinate a two-day registration period both in the library and on the wards of certain areas of the hospital. With a representative from legal services, we escort the registrar to medical-surgical wards, as well as to the geriatric area. All available election information is collected for the library's voter information center, and is available for a month before both the primary and general elections.

In the geriatric area, two bibliotherapy groups are thriving. All types of print material have been used as springboards to discussion. These include poetry, World War II short stories, plays, reference material, Indian short stories, novels, and current awareness articles, e.g., the generation gap.

Several services have been altered due to lack of staff; we now only provide the materials and expertise for psychodrama, film therapy, in which an open-ended film is used as a springboard for discussion, and videotape therapy, used in the Mentally Ill Offender Program and the Drug Offender Program. Groups are videotaped and the playback is invaluable in pointing out certain undesirable behaviors, aggressions, and progress in behavior. The library provided the initial training in use of the equipment and receives monthly reports on the therapeutic progress of the workshops.

In the spring of 1975, we worked with the Pierce County Bicentennial Artists, who recorded the oral history of the county. Many of our people in the geriatric area and in the Day Center for Older Adults had a wealth of memories about the county's beginnings, and the finished product will be an asset to the county in this county's Bicentennial.

We are proud that the library is a hub of activity within the hospital, although the pace can become hectic; we only wish that the financial situation of library services in the state would allow for more materials and staff in order to expand services and meet the increased demand for materials.

Conclusion

Despite the fact that the Library Services De-

partment is an active and vital part of the hospital, we do face some problems. Because we are not administratively a department of the hospital, we must constantly make an effort to increase our visibility and participation. Perhaps because of this necessity, we take the initiative to exert a conscientious drive to be a vital, integral part of the institution.

Another difficulty is encountered when working under the umbrella of three institutions and being responsible to each. Keeping in mind that without the existence of the hospital, there would be no need for the presence of these libraries, we conform to institutional policies to the greatest possible extent. When we find that the policies of the state library and the county library conflict, we simply ask the administrations to arrive at a policy for this library. There can be advantages to operating in limbo, however, in that there is a great degree of autonomy, as the Western State Hospital Library staff is in the best position to

assess the needs of its patrons.

Furthermore, a possible difficulty could arise because of the very different types of services and patrons of the two libraries which must act as one department. Commissary, state library, and county library, as well as food orders and mail runs, must be coordinated and resources shared. Also, because of lack of staff and time, we find few opportunities to meet as a staff unit, allowing communications as to programming and other vital information to easily break down. Therefore, we make a conscientious effort to avoid a communication barrier and to share resources.

We feel we have overcome all of the above problems to the best of our ability, and that the delivery of services to the institution is of good quality considering the financial state which has cut our materials and staff budgets.

library services in washington mental institutions eastern state hospital

michael j. wirt
librarian

spokane county library institutional services
eastern state hospital library
medicai lake, washington

Eastern State Hospital, the smallest of Washington's two facilities for the treatment of mental illness, is located fifteen miles southwest of Spokane in Medical Lake, a city of three thousand. Eastern's service area includes the seventeen counties of Washington east of the Cascade Mountains, comprising almost two-thirds of the state's land area and only one-third of the population. The rest of the state, including the populous Seattle-Tacoma metropolitan area, is served by Western State Hospital.

During one period in the 1950s there were over two thousand patients at Eastern. Now due to better treatment methods, better community facilities, and more stringent commitment laws, the patient population is averaging about four hundred. The average length of stay for a new admission is 103 days, with about 77 new patients admitted each month.

A new patient, after initial evaluation and treat-

ment on the admission ward and readjustment wards, may be transferred to one of four other programs depending on his needs. Those requiring more extended treatment are assigned to the rehabilitation unit. Older patients in need of physical as well as psychiatric care move to geriatrics. Others, deficient in social skills and having limited capabilities for independent living, occupy on-campus apartments and are part of the Social Improvement Program. Finally, the Social Offenders Program provides treatment for court-ordered admissions with a history of police related problems. The "criminally insane" and those convicted under Washington's sexual psychopath law, however, are treated at Western State Hospital. Many of the patients in each of Eastern's programs have grounds privileges and are able to leave the ward either alone or in the company of another patient.

The Spokane County Library Institutional Services Librarian is responsible for provision of library services to the patients and staff of Eastern, as well as adjoining Interlake School for the multiple handicapped and profoundly retarded, and Lakeland Village, a residential facility for the mentally retarded located two miles east. Assisted by a library technician at both Eastern and Lakeland, all staff positions are funded through a Washington State Library contract. In addition, \$4.50 per year per institutional resident is paid to the Spokane County Library for materials and services. Volunteers are utilized whenever available.

A Spokane County Library branch (patients' library) and Washington State Library branch (staff library) are housed in a 36' x 57' room divided by bookshelves in Eastern's Activity Therapies Building. The building also houses occupational therapy, recreation, gymnasium, bowling lanes, video lab, chaplain's office, canteen shop, and conference rooms. Because of the heavy use of the building by patients and staff and the fact that the library is located at the entrance to a tunnel joining it to the main hospital building, it is convenient to a majority of its users.

The Spokane County Library branch, although intended to be a "patients' library," is also extensively used by staff as their most convenient public library branch. The absence of registration and fines help make it easy to use. It contains a 3,000 book rotating collection with one hundred books exchanged every two months with other branches in the library system. In addition, about 27 new books are received each month. In this way there is a slow but steady change in the book collection which hopefully can be responsive to the users changing needs. Material is selected from the system collection and reflects the holdings of a small public library branch. Censorship is exercised in no area.

The library subscribes to 37 popular magazines, 9 newspapers (some of them gift subscriptions), and has about 300 records. Cassette tapes may be substituted for records in the near future because of their easier upkeep. Three institution-owned record players were available for check out but they now spend most of their time in the repair shop because of vandalism.

Just as important as the material available in the library is the easy access to other library resources. Each day patron requests for material not held at Eastern are phoned into the system's distribution center. The location of each item is found, a reserve is called in to another branch by the following day at the latest, and it is mailed to Eastern free of charge to the patron as soon as it is available. We have received

requested material in the mail on the following day, although it usually takes a little longer. Similarly, Eastern mails its material on request to patrons of other branches. Anything not available locally is inter-library loaned through the Washington State Library and Pacific Northwest Bibliographic Center. We also have access to the holdings of eight other regional library systems (soon to be expanded) through the Washington Library Network *Resource Directory*, a book catalog containing bibliographic information and locations of acquisitions since July 1972.

Subject requests and reference questions that can't be answered at Eastern are phoned in also.

One full time library technician, a fifteen hour per week volunteer, and a roving librarian are now handling thirty-six hours per week of patient and staff service as well as a limited amount of programming. Patient workers are no longer used because of a limitation of three months per job assignment in industrial therapy and the fact that the staff time involved in training and checking their work is often more than it would take to do the job ourselves. Reliable volunteers are few but the library has been fortunate enough to have one of the few for the past year and a half.

Programming consists of weekly film programming on two rehabilitation wards, biweekly sing-alongs involving mainly geriatrics and rehabilitation, and weekly ward visits with magazines and paperbacks. Films have been scheduled on at least four other wards but were cancelled by them due to scheduling conflicts with other activities. Our main emphasis in programming has been, and will continue to be, reaching those patients unable to leave their ward or unable to use traditional drop-in library services. We are now exploring the possibility of reducing library hours so that more time can be spent reaching the unserved. The reduction of hours would be unfortunate but it is the best way we can see to free time to provide library oriented activities to a greater number of patients. Activities might include an expansion of the film program, music appreciation, the use of talking books with geriatrics groups, working with toys, games and filmstrips (borrowed from Lakeland Village) with Eastern's small group of mentally ill retarded, and arranging for outside speakers.

The staff library (Washington State Library branch) besides serving Eastern's staff, provides resources for classes in psychiatric nursing of three area nursing schools, Washington State University social work and speech pathology students, Eastern Washington State College speech pathology students, and occupational therapy students from throughout the country, all doing their field work at

Eastern. Interlake School staff use the library and we informally provide service to the Spokane Community Mental Health Center. The Spokane County Library refers some of their medical and psychological reference questions to Eastern.

The collection includes 1,800 books, 96 journal subscriptions (a small number paid for by the hospital), a vertical file, and current subscriptions to *Index Medicus*, *Cumulated Index Medicus*, *Cumulative Index to Nursing Literature*, *International Nursing Index*, *Hospital Literature Index*, and *Social Work Abstracts*. The subscription to *Psychological Abstracts*, which is available at Lakeland Village, was dropped because of its high cost and because most relevant journals are indexed in one of the other medical indexes. With these indexes pertinent material on almost any subject needed at Eastern can be located and ordered from Washington State Library and Pacific Northwest Regional Health Sciences Library if not held in the staff library collection.

All materials in the library are owned by the state library, included in their catalog and have been placed on indefinite loan. Book selection is done by the librarian with ordering and processing handled by the state library. Material arrives fully processed with complete catalog card sets and is ready to shelf. Films needed for staff training or informational purposes are ordered from the Washington State Film Library. If not held in their collection, a specific film is located elsewhere and rented with all charges paid by the film library. The film library also makes available free of charge cassette tapes and video tapes, dealing mainly with medicine, psychology, and psychiatry.

The staff library has two cassette tape players and a cassette tape recorder which can be checked out. Additional equipment includes a 16mm film projector, an 8mm silent film projector and screen. The hospital video lab handles all video tape equipment and taping so there is no need for a duplication in the library. A library film room across the hall can seat twenty-five. A photocopy machine makes possible free single copies of library material upon request.

The only special services of the staff library are a "Film of the Month" in cooperation with the education committee and a journal routing system. Each year the staff choose which journals they wish to see on a regular basis and these are routed for a one week period. Most staff library business takes the form of telephone requests for materials which are then sent to the patron through the hospital mail system.

With any large organization come operational problems and three such organizations are involved in Eastern State Hospital's library services. The main problem of interagency cooperation is handled by the librarian, one of whose principle duties is that of liaison. He must see to it that each agency is kept informed of the activities of the library and other agencies. They depend on the librarian's expertise and their complete support, in turn, guarantees the program's success.

Intra-hospital coordination is often difficult because the library is not funded by or directly responsible to the institution and therefore not formally part of the administrative hierarchy. Although we receive general informational memos no one attending the major administrative meetings regularly passes on information concerning hospital changes which might affect our program. We must often rely on informal channels to keep informed. In arranging new programming there are major difficulties involved in superimposing our activities over existing ward schedules at times convenient to both the patients and the library. However, if we can get a program started and successfully keep it going for two or three months, we establish ourselves as part of a ward schedule and the services are regularly expected.

Lost or damaged items pose no major problems. Patients and staff are held responsible for material they borrow in keeping with the Spokane County and Washington State Library policies. They are asked to pay for such materials and usually do but if they object they are not forced. When patients have little or no money the loss is absorbed by the library. If material is damaged or lost regularly, the patron may be restricted from borrowing temporarily or permanently, depending on the circumstances. Both patients and staff are required by the hospital to get library clearance on their discharge or termination papers before they leave the hospital. Because the absence of our signature delays release or paycheck, material is usually returned, paid for, or written off as lost clearing our records.

It is apparent that other than low staffing there are no major problems jeopardizing Eastern's library program. Naturally, we are not doing as much as we would like to be doing but we are satisfied that it is as much as we are able. Because there is no hope for extra help throughout the 1975-1977 biennium, we will be continuing to provide basic services and limited programming.

resident library

a. l. bowen children's center

barbara donahoe
children's librarian
shawnee library system
cartersville

The Shawnee Library System operated the A. L. Bowen Resident Library, instituting a community-based library service program to institutionalized mentally retarded children under a two-year federally funded project, from April 1, 1972 to March 31, 1974.

The two-year project was challenging, exciting, and very demanding. Unfortunately there is no way of making a qualitative analysis of the impact of the resident library on the lives of the children (ages 7-21). No such research was attempted. We know only that they were exposed to good literature in a variety of forms and that they enjoyed the experience. A quantitative assessment using circulation statistics would be meaningless because many more materials were used in the library in an hour than were checked out in a day's time.

Seventy-four percent of the residents were reached by the librarian. Unfortunately she could not reinforce this introduction to library materials as much as she would have liked. A large majority of the children needed almost continuous direction and encouragement on a one-to-one or one-to-two basis for effective results. To affect many in this way was beyond our staffing ability. We insisted that the library be available to residents at least half of each day in the same way that a public library serves its individual patrons. This resulted in an unexpected bonus, a bonus which sounds small and insignificant to those of us who have never lived in an institution where most aspects of daily living are developed within a strict time schedule and where little true free time exists. The library offered the residents one of their few acceptable unstructured activities, one oasis in which to grow, develop, or stagnate as they desired. There was little stagnation in evidence. With regularity approximately 42 percent of the residents came individually to take advantage of it and to use library materials — some came daily, others two or three times a week, and still others on a weekly basis. They came because they wanted to and had first ob-

tained the permission of their residential aides. At first they came out of curiosity and because it was a friendly place in which to relax. Later many came to use audiovisual materials for a half hour or to check out recordings; others just browsed or wandered around; many played games, some selected books or magazines to take out; a few came to do school assignments. Incidentally, the first Bowen resident to pass a GED test had studied library books — but then, so had some of the others who failed.

As time passed we noticed a change in the library activities of some of the residents — a slow, gradual improvement in use and care of materials; a lessening of the tendency to select materials for cosmetic effect instead of interest and suitability; a gradual diminution of the daily worry, "Will the library be open today/tomorrow"?

Many residents derived more enjoyment and lasting benefits from the individual use of manually operated audiovisual equipment and materials than from group presentation. Perhaps this was because a certain degree of concentration on their part was required to keep the program synchronized, accomplishment of which resulted in the hard-won "honor" of being allowed to select, setup (when practicable), and enjoy programs on their own. This privilege is now taken for granted by a number of residents who previously did not concentrate on oral language or visual presentations. Many other residents have learned to enjoy hearing stories/pictures read aloud to them, while the staff has learned to enjoy listening to stories/pictures read by residents who want to share their excitement.

Newcomers were brought to the library almost as soon as they arrived and introduced to us by residents to whom the library had become an important part of life at Bowen.

We reached others through class visits, programs in the residential areas, planned programs in the library for select small groups, through materials

issued to the (re)habilitative staff for use with the residents, and by closed-circuit television library programs. Separate programs for small groups of two or three severely retarded children were scheduled. These eventually included 30 percent of the severely and 20 percent of the profoundly retarded.

Print materials were placed as deposits in some residential areas. The attrition rate was high and we quickly learned to send only paperbacks, older magazines, and other well-worn materials that were close to the discard stage. Both print and non-print materials were loaned to residential aides for use in the wings.

We found mentally retarded children to have a high degree of social awareness due, perhaps, to the ever-present transistor radios and television sets. Their interests and fads mirrored those of their so-called "normal" contemporaries and ranged from hair cuts, popular music and musicians, to stock car racing and sports. Our collections, the principle portion of which consisted of high-interest low-reading-level books, reflected these interests. They were also found within our audiovisual collection of cassette tapes, records, filmstrips, puppets, photographic visuals, "scratch and smell" books, Viewmaster reels, manipulative books, puzzles, and games. Most of the latter were educational in nature (like Scrabble, Alphabet Game, Pay the Cashier, Bingo) though a few were of pure entertainment value.

Teachers and therapists used all types of resources on a frequent basis. Some brought classes to the library, others borrowed materials for use in their own areas. After they had learned to accept us, the staff was most cooperative. This partial listing will, perhaps, give a slight picture of their interest in the library:

- a. Resident workers were assigned to the library as part of the (re)habilitative program.
- b. A puppet stage was constructed for us by the Technical Arts Department.
- c. New volunteers were sent to the library for orientation; many were assigned to work with us.
- d. Photography and slide shows about the library were developed by the Communications and Community Relations Department.
- e. The library was requested by both the Education and AV Production Departments to originate programs for television presentation.
- f. A half-time student worker was loaned to us by another department during our second year.
- g. The resident librarian was included in staff

field trips to other facilities for the mentally retarded.

- h. A collection of puppets was donated by the Education Department. They also allowed us to include their filmstrip holdings in a union listing.
- i. The resident librarian participated in diagnostic meetings during our second year.
- j. Staff recommendations for acquisitions were both sought and forthcoming.
- k. Curriculum planning sessions for the trainable mentally handicapped were participated in by the resident librarian during our second year.
- l. Consultations concerning residents and proposed programs, initiated by both the staff and the resident librarian, were numerous.

We failed to reach out into the community library as much as we were expected to. The reasons were many, stemming largely from reluctance on the part of the residents. Our few attempts could not be considered successful except in one case, and this was only partially so. Much of their learning and enjoyment is acquired through visual presentations on their own levels of comprehension; obviously their reading interests, comparative to that of their age peers, is on an extremely low level and cannot be captured by much that is available to them in a regular community library collection. Individual personal pride in any accomplishment has been consciously developed during their years as a resident. This must be retained and strengthened if they are to function as complete persons. Before community libraries can be used advantageously by mental retardants on the same basis as that of the average community resident, public library collections must include more materials of interest to them, arranged so they can be found easily and unobtrusively. Many residents who would have enjoyed story hours are large teen-agers — they do not fit comfortably into the community program designed for preschoolers, kindergartners, or even those for primary grade children. Community library film programs were not available.

The Advisory Committee was extremely helpful in getting us oriented and accepted throughout the facility. They gave the consultant and resident librarian immediate in-house advice and established an easily accessible point of contact which was particularly important during our early formative stages. We were always free to be innovative, to try any method of reaching the residents. For this we were truly thankful.

The Bowen Project has shown that a

community-based library developed for residents in an institution for mental retardants can become an integral part of the facility without jeopardizing its independence or infringing on that of the institution. They can coexist, benefitting each other and, more importantly, enriching the lives of the residents whom both are designed to serve.

In June 1975 the A. L. Bowen Children's Center contracted with Shawnee Library System to serve as consultant to the resident library. For an annual fee of twelve hundred dollars, we were available to them for at least eight hours per month.

All materials purchased through the grant remained in the library and were used throughout the year. To a surprising degree, use of the materials shifted from being predominately by the resident themselves to circulation to staff members for use with the residents. Only a small minority of the residents used the library with any degree of regularity. Perhaps a partial reason for this may have been the erratically changeable hours necessitated by the fact that during the last six months, the library staff consisted of only one volunteer.

Because the institution has had staffing difficulties operation of the resident library has not been as effective or regular as either Bowen or Shawnee had hoped. Currently they feel they may have solved the library staff situation (at least on a half-time basis) for the coming year and hope to continue their contract with us as consultants.

*James A. Ubel
Director
Shawnee Library System*

Services Instituted

1. Services for the Mildly Retarded

Story Hour
Puppet shows
Films
Viewmaster reels
Puzzles and games
Cassette/book combinations
Filmstrip for group and individual viewing
Phonodiscs — for listening to in the library and for checking out
Newspapers and periodicals
Displays, bulletin boards, and interest centers

Individual instruction in use of library
Checking out books and other materials — with corollary instruction and experience in one's responsibility for other's property
Group activities, including discussion-learning sessions based on various media
Assistance in reading activities
Cooperative activities with teachers and other training personnel
Handicraft activities
Library programs over closed-circuit television
Training in use of projection equipment

2. Services for the Moderately Retarded

Most of the above, using materials of lower comprehension levels

3. Services for the Severely Retarded

Filmstrips
Puzzles and games
Tactile materials
Phonodiscs for listening
Checking out books — with corollary instruction and experience in one's responsibility for other's property. Most were content to just look at the books in the library or residential area.
Pictures and large photographs
Picture-book story hours
Reading aloud to individuals
Cassette/book combinations (effective in a few cases)
Cooperative activities with teachers and other training personnel

4. Services for the Profoundly Retarded

A few listened to picture book stories; some enjoyed pictures; others responded to tactile materials. Music, too, was of interest.

5. Services for the Emotionally Disturbed and "Borderline" Retarded

Phonodiscs and cassettes
Filmstrips for group and individual viewing
Films
Checking out of books and other materials
Games
Individual instruction in use of library
Assistance in reading activities

Cooperative activities with teachers and training personnel
 Handicraft activities
 Newspapers and periodicals
 Viewmaster reels
 Displays, bulletin boards, and interest centers
 Group activities, including discussion-learning sessions

lack of knowledge of usual methods we serendipitously devised approaches which might not otherwise have been developed.

Stumbling Blocks to Progress and Recommendations for Future Residential Library Planning

1. The Consultant

Knowledge of children and children's literature is important and helpful; equally so would be knowledge of and experience with the mentally retarded. My own lacks in the last two areas resulted in much too long an experiential and experimental period. It also prolonged the period of time before the library, its aims, goals, and methods of operation earned total staff acceptance.

Balanced against this conclusion is that of the institution superintendent who feels that in our desire to help the residents and because of our admitted

2. Staff

The library would be much more effective if it were staffed to function as both a "school" and a "community" (resident's) library.

Our staff of one consultant (1/5 FTE) and one associate librarian (plus one half-time student worker on loan, and therefore on call, from another department) was much too small to allow integration of the library into the activities of the entire institution or to use our materials to their fullest potentials.

There is definite need for a larger staff and it should include members of both sexes. If this seems improbable when considered in relation to the size of the resident population (average 210) it does not when the character and needs of that same population are entered into the equation. Perhaps the following chart of the actual number of Bowen staff who work with a specific number of children under controlled situations (that is, all residents in any one group are of comparative mental, social, and communicative abilities) might help to explain our problem.

Activity	Number of Staff	Number of Residents in Group
Education classes	*2	8-10 emotionally disturbed
	*2	8-10 educable
	*2	8-10 trainable
	*2	2 severely retarded
	*2	2 profoundly retarded
Arts & crafts	1	2 emotionally disturbed
	1	2 mildly retarded
	1	3 severely retarded
	1	3 moderately retarded
Technical arts	1	3 emotionally disturbed
	1	4 mildly retarded
	1	4 moderately retarded
Physical education	1	4 emotionally disturbed
	1	7 mildly retarded
	1	5 moderately retarded
	1	3 severely retarded
	1	1 profoundly retarded

*One teacher plus one apprentice or student teacher.

When the library was open for individual usage there were seldom less than six to ten residents of varying degrees of retardation or emotional disturbance wanting to use library materials at the same time. These children must be watched, befriended, and assisted in their activities at all times — an utter impossibility for the library staff as set up under the grant. We were unable to give children the competent and meaningful service that the average citizen expects in any community library.

Recommendation: A minimum full-time staff of three (both sexes should be represented). Student workers would be a valuable additional asset.

a. Idealistic

One professional librarian, one professional with a background in mental retardation or special education, one clerical assistant, and two student workers.

b. More realistic

1. The librarian, preferably knowledgeable about retardation and children, be acquired on a consultant basis.
2. An associate librarian to serve as "resident librarian" with a knowledge of children and children's literature as well as of audiovisual materials and equipment.
3. A technician, experienced in working with the mentally retarded. Some library experience would be helpful.
4. A full-time clerical assistant to free (2) and (3) to attend to their more professional responsibilities of interaction with the residents, program planning and development (with assistance from consultant), attendance at diagnostic sessions, consultations with staff, etc.

c. Most realistic

1. Librarian (as above).
2. Resident librarian — library technician knowledgeable about children, children's literature, audiovisual materials and equipment.
3. Full-time clerical assistant capable of carrying out planned programs in both the library and the residential areas.
4. Two half-time student workers to assume all clerical duties; to assist in program presentations.

3. Hours

The library could better serve the whole residential community if it were open 40 daytime hours plus at least two evenings per week. This would allow adequate service to residents who work during the day, and would permit evening programs in residential areas. Consideration should be given to staffing the library on both Saturdays and Sundays when residents have much more unprogrammed time, and consequently, more opportunities in which to use library services.

4. Library Space

We would have a comfortable and sufficiently large library area (276 square feet) in our present quarters if our only holdings were books, magazines, and newspapers. In fact, it would probably seem spacious because so few residents would use it.

Audiovisual is an important part of library service to the mentally retarded. Unfortunately it requires storage facilities and large, often cumbersome equipment for which we have little room. (I am not faulting the institution. To the best of their ability they have cooperated with us in every way — in fact, the library has already been moved once into a larger room.)

Room to establish separate listening centers for filmstrip viewers, cassette players, cassette/book enjoyment, and record players would be desirable and should be planned for. At present we use two small tables set against a wall for all the above activities plus a record display rack. Frequently all are in use at once while other residents impatiently await their turns. It is not a good situation. We would have liked to include other audiovisual materials in our collection — but where to put or use them?

There is room for only one large table with eight chairs which we try to keep clear for the use of the residents. Often more than half of it is covered with a partially finished jigsaw puzzle that everyone likes to work on — consequently only part of the table is available to sit, read, play games, or talk around.

One small table, adjacent to the librarian's desk, is the only available workroom space. More is certainly needed.

Recommendation: This problem should be resolved before it becomes a problem — in the initial planning stage.

5. *Introduction to the Community Libraries*

- a. Acceptance of financial responsibility for damaged, lost, or overdue library materials is essential to registration in most community libraries. Establishment of this responsibility for institutionalized residents is a stumbling block to the resident's full usage of local libraries. During the two-year project period we promised replacement or payment from project funds if this became necessary. Who assumes it in the future?
- b. To take adolescent residents on field trips of any sort it is necessary that they be accompanied by an adult staff member of the same sex. Since we were an all-female staff this presented difficulties when we wanted to take older boys to the local library. It is for this reason we suggest that a MR resident library staff be composed of members of both sexes.
- c. In the past Bowen residents had been brought to the community library by some of their teachers; this practice was discontinued with the opening of the resident library which the residents prefer to use and in which they feel more comfortable. We did take a few small groups to the local library. Only one boy was interested in returning (he had "town privileges" so could go there by himself). We decided the results were not worth the time and effort, and concentrated instead on introducing them to library service through the resident library.
In the immediate area of Bowen and throughout most of southern Illinois there is little audiovisual material available for use by residents in community libraries and we have not found many established library programs of interest to them.
- d. Apparently some parents still feel that there is a stigma attached to having an institutionalized mentally retarded child. It is necessary for the

institutions to get parental permission to allow a nameless photograph of any child to be shown outside the institution. I believe a resident librarian who communicated with a public librarian about the release (conditional or otherwise) of any resident would be considered culpable. This should be clarified.

Recommendations:

- a. Many librarians are not acquainted with mental retardants. Consequently they sometimes view their use of libraries with apprehension and suspicion of abuse. Much education is necessary at the community level, and this will take time. In the meantime no resident is helped when placed in a position of being tolerated, not really welcome. A combined system-Department of Mental Health education program might be helpful.
- b. Development of resources and programs of interest and value to mental retardants in community libraries.
- c. There are other retardants in our area who badly need library service. These are the ex-residents who have been conditionally released to live in nursing homes or other facilities. Some of these institutions are situated outside tax-based library service areas. Perhaps, through systems, deposit libraries developed especially for their needs and interests could be instituted. Relevant audiovisual materials would be essential — and expensive, so special funding would be required.

6. *Relations with Professional Library*

Although we were established to serve the needs of the residents only, we loaned and borrowed materials for the staff to use with the residents. Without usurping the services of the professional library we would have been of inestimable help had we been able to extend to the staff, through the professional library and Shawnee, the privilege of using the statewide network. We feel this should be considered in future planning.

Resident Library
A. L. Bowen Children's Center

Magazine Subscriptions

American Girl
Aquarium
Arizona Highways
Boy's Life
Child Life
Children's Digest
Children's Playmate Magazine
Ebony
Golden Magazine for Boys and Girls

Highlights for Children
Jack and Jill Magazine
National Geographic School Bulletin
Newsweek
Ranger Rick's Nature Magazine
Sports Illustrated
Wisconsin Tales and Trails
Teen Magazine

Solicited Magazines

Illinois History

Newspapers (Supplied by A. L. Bowen Children's Center)

The Eldorado Daily Journal
Chicago Tribune
Chicago Sun-Times
Evansville Courier

Eldorado, Illinois
Chicago, Illinois
Chicago, Illinois
Evansville, Indiana

**Objectives of the
Bowen Resident Library**

Services to the residents organized under the direction of a professional librarian of the Shawnee Library System staff for the purpose of providing education, diversion, or therapy, singly or in combination, and as appropriate for the individual resident. To accomplish this objective the library selects and develops materials and programs which are suitable to the resident's condition and needs. A number of factors such as the resident's mental, emotional, and chronological age, the degree of retardation or emotional disturbance, and whether he/she is a reader, nonreader, or incapable of reading determine the character and direction of library service.

A further objective is to develop a model community-based children's library services program that the Department of Mental Health facilities and public library systems might wish to imitate.

**Policies of the
Bowen Resident Library**

1. Book and audiovisual media selection policies must incorporate the tenets of the American Library Association's "Library Bill of Rights."

2. It is the responsibility of the resident library to recognize the rights of the resident to access to information and to personal use of library materials appropriate to his level of development in communication skills or to his desire to conform to peer groups.
3. The collection should contain library materials in the variety of form and content ordinarily found in a public community children's library as well as materials relevant to the special needs of the residents.
4. Library materials should contribute to the (re)habilitation of the residents and provide a bridge to the world outside the institution. The Bowen collection is supplemented by the holdings of the Shawnee Library System.
5. It is the responsibility of the resident library to support the total institutional program. Every opportunity should be taken to coordinate the resident's use of and exposure to library materials with the goals set for him/her by the treatment personnel.
6. The resident library will make every effort to obtain interlibrary loan materials needed by the staff in its work with the residents. Staff members who request library materials of a professional, educational, or recreational nature are referred to the Bowen Professional Library or to their own public library.

7. Deposit collections are to be developed and maintained in the residence areas when practicable.
8. Worn-out, outdated, lost, or damaged materials are to be replaced regularly.
9. Library materials are issued to residents for one week; to the staff for an indefinite period depending on need and use.
10. Residents are instructed in the care, use, and treatment of library materials. They are not charged fees for overdue, damaged, or lost materials. If necessary their use of library materials is curtailed temporarily.
11. Programs for individual and group enjoyment, both in the library and in other parts of the institution, are to be encouraged and developed.
12. Facility staff are requested to suggest materials for inclusion in the library collection.
13. Resident workers assigned to the library are trained to perform tasks appropriate to their level of development.
14. The library is to be open for individual resident use five days a week for a minimum of four hours per day. When the library is closed the librarian is to bring service to other parts of the institution (i.e., programs in the residence areas), conduct programs for class or group library visits, plan future programs with other staff members, retrieve overdue library materials.
15. Gift materials will be added to the collection when appropriate and needed. Gifts not entered in the collection will be distributed to appropriate divisions of the institution.
16. When appropriate, residents shall be introduced to the community library's services and facilities.

Philosophy

A. L. Bowen Children's Center

The philosophy of the A. L. Bowen Center focuses upon a triad: service, training, and research, the original purposes of the center prior to construction. Service, of course, involves the care, management, and behavior modification of residents. Only in a therapeutic atmosphere can service survive, the ultimate objective being community placement for the resident. Of equal importance and emphasis are training and research. Training, of course, has many facets since it ranges from one-day orientation

courses for volunteers to practicum experiences for advanced graduate students in the allied fields of psychology, social work, vocational rehabilitation, special education, behavior modification, activities, and medicine. The integration of exploratory systems and research designs within the facility is an indispensable condition which supports and gives strength to the work carried on with mentally retarded individuals in the center as well as in the community. It is obvious that service, training, and research do not function as separate entities. They are intermingled and each contributes to the other. There is no practice without theory nor theory without practice.

More specifically, emphasis at this center is on human growth and development from the standpoint of adaptive behavior. The staff's concept of human growth includes educational, social, vocational, living, and recreational areas while not losing sight of the importance of meeting mental and emotional needs of the residents. Therefore the primary goal is to create a therapeutic atmosphere where mentally retarded persons who are trainable and educable may grow and develop in a progressive and orderly fashion. The objectives then are to habilitate and re-habilitate residents to a point where they are capable of returning to community life either in competitive employment or in a sheltered situation.

Agreement Title I, Project XIII-B Fiscal Year 1972

This Agreement made and entered into this 1st day of May 1972, between JOHN W. LEWIS, not individually, but as Secretary of State of the State of Illinois, through the Illinois State Library, and the BOARD OF DIRECTORS OF THE SHAWNEE LIBRARY SYSTEM, hereinafter referred to as the SYSTEM, and the ILLINOIS DEPARTMENT OF MENTAL HEALTH.

WHEREAS, the Illinois State Library, the SYSTEM, and the Illinois Department of Mental Health have determined that the provision of Library Services under the terms of the attached proposal shall be of benefit to the residents of the A. L. Bowen Children's Center operated by the Illinois Department of Mental Health within the area of the Shawnee Library System, and,

WHEREAS, the SYSTEM is prepared to provide such services under the terms of the attached proposal and under authority granted in the Illinois Revised Statutes, Chapter 81:117, and,

WHEREAS, the Illinois State Library and the Illinois Department of Mental Health are planning a joint statewide program of library services to state Mental Health facilities which shall be supported with federal and state appropriations, and,

WHEREAS, the Illinois State Library Advisory Council, Subcommittee, Titles I and II, has reviewed the attached project proposal and recommended that the State Library contract with the Shawnee Library System and the Illinois Department of Mental Health using funds allocated to the State under Library Services and Construction Act, P.L. 91-600, as amended, and,

WHEREAS, such library service is one within the purposes authorized by the law;

NOW THEREFORE, for and in consideration of the mutual undertakings and covenants hereto as herein set forth, and of other good and valuable considerations, the receipt and sufficiency of which are hereby mutually acknowledged, the parties hereto do hereby agree and covenant as follows:

THAT the project called Community Based Library Service for Residents of the A. L. Bowen Children's Center shall be administered in the following manner:

PART A

1. A project called Community Based Library Service for Residents of the A. L. Bowen Children's Center shall be jointly undertaken by the Shawnee Library System, The Department of Mental Health, and the Illinois State Library.

PART B

The Illinois State Library shall:

1. Reimburse the Shawnee Library System for expenses incurred in rendering the service in an amount not to exceed Seventeen Thousand Seven Hundred Seventy-five Dollars (\$17,775). Payments shall be made from appropriations made available to the State under provisions of the Library Services and Construction Act, P.L. 91-600, as amended, upon the submission of properly authenticated vouchers to the Illinois State Library.

Payments shall be made in three (3) parts:

\$10,000 — Upon Execution
\$ 7,000 — July 15, 1972
\$ 775 — February 1, 1973

2. Reserve Seventeen Thousand seven hundred and seventy-five dollars (17,775) in LSCA Title I funds for the second year of the project which shall be granted to the SYSTEM contingent upon the receipt of LSCA Title I funds for fiscal year 1973 and upon the successful completion of the first year of the project and upon completion of plans to assure maintenance of the program at the completion of the project.
3. Provide the SYSTEM and the Department of Mental Health consultant and evaluation services for the project.

PART C

The Shawnee Library System shall:

1. Give library service to the A. L. Bowen Children's Center under the provisions of the project proposal attached hereto.
2. Have responsibility for selection of print and non-print library materials to be used in the library programs of the institution based on the selection policy of the SYSTEM and the *Standards for Residential Facilities for the Mentally Retarded*.
3. Make available the services, materials, and personnel outlined under the provisions of the attached proposal. The Shawnee Library System shall be the employer of said personnel.
4. Have direct supervision of all persons employed by the SYSTEM during their performance of library work within the institution.
5. Provide to the Illinois State Library such information as is necessary to conduct an evaluation of this project.
6. Maintain proper inventory and property control of all materials purchased with Library Services and Construction Act funds.
7. Supply to the Illinois State Library such reports as are required in the administration of the Library Services and Construction Act.
8. Supply to the Illinois State Library upon properly authenticated vouchers such financial data as is necessary to certify payments.

PART D

The Department of Mental Health shall:

1. Provide the necessary coordination and access to perform the services outlined in the attached proposal.

2. Supply space, furnishings, and security personnel, as needed by the library program, to provide a successful project.
3. Provide direction and planning of the proposed activities to assure the best utilization of the resident population in cooperation with the SYSTEM.
4. Supply to the Illinois State Library such reports as are required in the administration of the Library Services and Construction Act.
5. Provide to the Illinois State Library such information as is necessary to conduct an evaluation of this project.
6. Budget jointly with the Illinois State Library those funds necessary to maintain on a continuing basis the library services program after the completion of the project.

PART E

Conditions:

1. The duration of the Community Based Library Service for Residents of the A. L. Bowen Children's Center Project for the first year shall be

from April 15, 1972 until March 31, 1973, and for the second year from April 1, 1973, until March 3, 1974.

2. Nothing herein shall be contrary to the general institutional Rules and Regulations governing the operation of the Institution and the Department of Mental Health. All employees shall be subject to said rules.
3. Maintenance of library services at the conclusion of the project shall be contingent upon the availability of additional State appropriations sufficient in amount to assure continuing library services at a level in keeping with standards.
4. Library Services and Construction Act funds received by the Shawnee Library System from the Illinois State Library shall be deposited and held in a separate account established and designated for the project.
5. All receipts and expenditures relating to the project shall be subject to audit.
6. By mutual consent this Agreement can be terminated before the expiration date.

IN WITNESS WHEREOF, the respective parties hereto have caused this Agreement to be executed this 1st day of May, 1972.

Comparison to selected library service standards from the Joint Commission on Accreditation of Hospitals' Standards for Residential Facilities for the Mentally Retarded

1. Does the library service make available to the facility resources of local, regional, state, and national library systems and networks?
Local and regional resources are available to residents; the state network has also been used on a limited basis to obtain materials for the staff.
2. Is library service provided to all residents?
It is provided to all residents who are able to come to the library. It is provided on a lesser scale to residents incapable of coming to the library through special programs and deposit collections in the residence wings.
3. Does the library staff work directly with the residents? Yes
4. Does the library staff work with institutional staff to:
 - a. Maintain an atmosphere that recognizes the rights of the residents to access to information and to personal use of library materials? Yes
 - b. Enhance interpersonal relationships between direct-care workers and residents? Yes
5. Does library service assist in team evaluation and assessment of the individual's level of development in communication skills? Yes
6. Provision of materials by the institution or through donations:

	Titles 908		Volumes 1070	
	<u>Titles</u>		<u>Volumes</u>	
Picture books	400		467	
Fiction	200		230	
Nonfiction	171		214	
Paperbacks	135		157	
Reference	2		2	

b. Total number of magazine titles:	1	
c. Total number of newspaper titles:	4 (list attached)	
d. Total number of experient materials:	43	
Puppets	13	
Games	5	
Puzzles	25	
e. Total number of recordings:	50	
7. Provision of materials, purchased through grant:		
a. Total number of books:	Titles 1,662	Volumes 1,877
	<u>Titles</u>	<u>Volumes</u>
Picture books	356	414
Fiction	182	199
Nonfiction	858	912
Reference	16	57
Large print	30	30 (included in above count)
Paperback books	250	295
High-interest, low-reading level	no separate count maintained	
b. Total number of magazine titles:	18 (list attached)	
Total number of magazine subscriptions:	17	
c. Total number of newspaper titles:	0	
d. Total number of audiovisual media:	373	
8mm films	0	
16mm films	0	(available through Shawnee Library System)
Sound filmstrips	100	
Filmstrips	12	
Slides	6 sets	
Cassettes	46	
Cassettes/books	24	
Records	150	
Records/books	28	
Multi-media kits	7	
e. Total number of graphics:	35	
f. Total number of experient materials:	96	
Manipulative materials	19	
Viewmaster reels	25	
Toys and Games	40	
Realia	0	
Animals	0	
Puppets	12	
8. Total number of materials withdrawn:	340	
a. Purchased through grant	32	
b. Belonging to Shawnee	5	
c. Belonging to Bowen	315	
9. Library programs		
	<u>Approximate Number</u>	<u>Approximate Total Attendance</u>
a. Storytelling	74	767
b. Reading aloud	135	275
c. Films	209	7,016

d. Filmstrips (group showing)	192	2,353
e. Book programs with classes	33	316
f. Listening to recordings	Unprogrammed — daily occurrence	
g. Discussion groups	13	45
h. Library clubs	4	33
i. Using sensory stimuli	5	10
j. Puppetry	18	467
k. Creative groups	16	65
Total	699	11,347

10. Community library service

- a. Number of visits to community library: 4
- b. Number of residents who visited community library: 11
- c. Number of books checked out by residents from community library: 3
- d. Do residents attend community library programs? No

11. Number of consultations between library personnel and educational and habilitative staffs to plan support activities for facility programs and services: 75 (estimate)

12. Do facility policies or practice interfere with the resident's

- a. Right to read materials of his own choosing? No
- b. Right to information? No*
- c. Access to library materials as stated in the Library Bill of Rights adopted by the American Library Association? No

*There are prohibitions in the areas of sex education and drugs (use of such materials must be cleared with the counselor of the individual resident).

13. Do community library policies or practice interfere with the retarded person's

- a. Right to read materials of his own choosing? No
- b. Right to information? No
- c. Access to library materials as stated in the Library Bill of Rights adopted by the American Library Association? No

14. Does the librarian act as advocate on behalf of the resident if institutional policies interfere with the retarded person's right to library service? Yes

15. Are the following routines performed for instructional library materials and audiovisual equipment for staff use from the central library?

- a. Selection
- b. Acquisition
- c. Organization
- d. Classification
- e. Cataloging
- f. Circulation — Yes

There is no central library. Instructional library materials and audiovisual equipment for staff use are housed in various parts of the facility, including the resident library. All materials purchased through the grant are selected and processed prior to delivery to Bowen. All are available for circulation to the staff.

16. Staff Services provided:

Title and subject requests for materials to use with the residents are forwarded to Shawnee by the resident library: Requests 57 — No. filled 57

Because of the existence of the professional library the resident library does not provide the following services for the staff: literature searches, compilation of bibliographies, and indexing/abstracting.

17. Does the librarian participate in staff and faculty orientation to explain library services and functions? Yes

18. Does the library cooperate in in-service training programs by working with subject specialists and by recommending, providing, or producing materials in various media?

When requested to do so, but formal requests have been few. We have provided many such materials to participants of in-service training who have come to the library on an individual basis.

19. Does the library cooperate in in-service training programs for the volunteers? Yes
20. Is there a written, approved statement of objectives that makes possible a comprehensive, long-range program of library development, consistent with the overall goals of the facility? Yes
21. Is there a statement of overall goals for the facility? Yes
22. Do all services and programs have maximum access and use of the library service? Yes
23. Is there a written policy statement covering the library's day-to-day activities? Yes
24. Personnel

FTE

- | | |
|------------------------|--|
| a. Librarian | 1/5 |
| b. Library associates | |
| c. Library technicians | 1 |
| d. Library clerks | |
| e. Student workers | 1/8 (for one year) |
| f. Volunteers | (varying numbers for very irregular periods) |

25. Hours library is open:

- a. Before start of project: averaged six hours per week
- b. Currently, for individual use:

	<u>Time</u>	<u>Number of Hours</u>
Monday	Closed	0
Tuesday	8:30-11 & 1:30-4:30	5½
Wednesday	8:30-11 & 1:30-4:30	5½
Thursday	8:30-11 & 1:30-4:30	5½
Friday	8:30-11	2½
Saturday	8:30-12 & 12:30-4:30	7½

26½

- c. Currently, for library service in other parts of the facility, and for group use in the library:

	<u>Time</u>	<u>Number of Hours</u>
Monday	Closed	0
Tuesday	11-12 & 12:30-1:30	2
Wednesday	11-12 & 12:30-1:30	2
Thursday	11-12 & 12:30-1:30	2
Friday	11-12 & 12:30-4:30	5
Saturday		0
		11

26. Does the librarian coordinate the purchasing of all print media for the facility? No
27. Does the librarian coordinate the purchasing of all non-print media for the facility? No
28. Number of community programs the librarian has participated in to educate the community about library needs of the mentally retarded: 6
29. Number of planning sessions the library has held with community librarian for utilization of library resources to optimize resident adjustment to use of community library services: 4
30. Number of continuing education programs attended by library staff
 - a. In-service training sessions: 2
 - b. Seminars, conferences, workshops: 1
 - c. College and university courses taken: 5
 - d. Participation in interdisciplinary groups: 2
 - e. Visits to other facilities: 3
31. Are workshops held by library staff to train clerical personnel and volunteers?

No. We have never had more than one person to train at any given time.
They were trained individually.

32. Are all library materials and equipment organized within a centralized location?
No. The professional library and the resident library function and are housed separately.
33. Physical location of library

Before Project Currently

a. Square feet of floor space	248	476
b. Number of seats for readers	6	14
c. Linear feet of shelving	111	255
d. Square feet of workspace	small table	small table

34. Is there a library advisory committee? Yes

Current Advisory Committee

Dr. Albert J. Shafter	Superintendent
Mrs. Emilee Robertson	Coordinator, Volunteer Services
Dr. William Daley	Program Director
Mrs. Leota Knight	Dietician
Mr. Stu Switzer	Director, Activity Therapy Services
Mr. Leon Raymer	Codirector, Communications & Community Relations

35. Is there a formal agreement between the A. L. Bowen Children's Center and the Shawnee Library System that stipulates:

- a. Lines of communication? Yes
- b. Areas of responsibility? Yes
- c. Kinds of service? Yes

36. Education and experience for all persons working in the library service program:

- a. Project Director

Mrs. Barbara Donahoe, Children's Librarian
Shawnee Library System

B.S. in Library Science, Simmons College
(an ALA accredited library school)

Three years military service

Three years as high school librarian

Nineteen years as children's librarian in large city libraries

Seven years as children's consultant in a public library system

- b. Library Assistant

Mrs. Judy L. McClendon

Associate Degree in Media Technology, School of Technical Careers,
Southern Illinois University

Two years as clerk-typist in Reference Department, Shawnee Library System

Two years as resident librarian at the A. L. Bowen Children's Center

- c. Student Worker

Jane Miner

Student at Southeastern Illinois Junior College in Harrisburg

bibliotherapy through a one-way mirror

clara lack
and
bruce bettencourt
santa clara county free library
san jose, california

Even avid readers who are ill or upset sometimes find the printed page too exacting in concentration to pursue. For the person who has never been a reader either through lack of interest or skill, the attempt to read is just too great an effort to be made.

Therefore, bibliotherapists read and discuss short literature selections with groups at various mental health facilities, or records are played, movies, art prints, and realia are shown and discussed.

"You know, I told a girl in church once that she had nice legs, and she got up and moved, instead of thanking me."

Bibliotherapist, "Really?"

Lonnie, "Ya, I don't know why she got up and moved."

Kay, "Were you a stranger to her?"

Lonnie, "Ya, it was the first time I was in that church. You mean, if you're a stranger, you can't say that to a girl?"

Kay, "Well, sometimes, it's insulting."

Lonnie, "Insulting?"

Kay, "Yes, to have a stranger just walk up to you and say that."

Jean, "I've had a lot of men say my legs were nice, and I've never felt offended by that."

Kay, "No, but it seems as though he was just trying to make a touch, or a date of something. . . . If you're introduced to someone, and you know them, it sounds better."¹

Wayne, "At Agnew's, I felt like nooo-body at all. But then after awhile, because of the doctors, nurses, techs, and others, . . ."

Bibliotherapist, "You began to feel like somebody?"

Wayne, "Ya, I felt like somebody because I was taken care of. I felt better."

Bibliotherapist, "Good."

Wayne, "Awhile, after I began to feel better. I guess I began to rationalize. I liked being nobody."

Bibliotherapist, "How's that?"

Wayne, "I liked being taken care of."²

Larry, "For some reason, they both didn't feel like men in conversing with each other. It's kind of like they were little boys arguing."

Bibliotherapist, "We've been all through this. Let's try and approach it from another viewpoint."

Larry, "There's another way to approach it?"

Bibliotherapist, "There's no end to the number of ways we can approach it."

Larry, "Well, let's try another way then."

Bibliotherapist, "Let me ask you this: How would you feel, anybody, if you were in Robert's situation? Picture yourself as having been called into the headmaster's office with this conversation going on between you and Van Ness. What would you feel like? How would you think of Van Ness?"

Larry, "Man, I'd say look, look, the watch, get it out of the way. Let's deal with ourselves, it's ourselves, not the watch. That's the way I'd do it."

Bibliotherapist, "Theresa, how about you?"

Theresa, "I'd say nothing."

Larry, "You'd say nothing?"

Theresa, "The watch was merely a device to see if Robert's would help him find the thief, so that the matter could be settled, then —"

Larry, "This gets me up tight."

Bibliotherapist, "Why does it?"

Larry, "It does. I'm smoking like hell, drinking a lot of coffee. It does. It does because I've been in that kind of situation and it's pretty edgy, and very nervous, and very anxious to be in that situation. And I find myself getting that way. I'm kind of identifying, and, y'know, with the girls and everything, I'm kind of talking like . . . Look, I'm a man, too, y'know. I'm kinda doin' that, in my language and approach."³

¹A reality-testing conversation at a psychiatric hospital resulting from the reading of: Irwin Shaw, "The Girls in Their Summer Dresses," *50 Great American Short Stories*. Bantam, 1965.

Clara Lack and Bruce Bettencourt are employed by Santa Clara County Library, San Jose, CA, with revenue sharing funds to continue the Bibliotherapy Project in the community which began at Agnew's State Hospital under Title IV funds in 1966.

A forthcoming bibliography of materials will be published by ALA under Specialized Inexpensive Publications.

²Discussion following reading of: Emily Dickinson, "I'm Nobody" *The Complete Poems of Emily Dickinson*. Little, Brown, 1960. Karen Crawford, "Being Nobody," *Miracles Poems by Children of the English-speaking World*. Simon & Schuster, 1966.

³At a psychiatric hospital after reading: John O'Hara, "Do You Like It Here?" *Short Stories from the New Yorker, 1925-1940*. Simon & Schuster, 1940.

"This is station B-I-B-L-I-O-T-H-E-R-A-P-Y. Santa Cara County Library. You have been tuned in to three conversations emanating from literature discussion groups.

"Have books, will and do travel to alcoholic clinics, half-way houses; drug rehabilitation units and board and care homes; county jail, convalescent homes, psychiatric hospitals. To encourage individual reading and therapeutic discussion in a non-threatening atmosphere, short literature selections are read aloud for group interaction. Records, movies, short stories, plays, poetry, and articles are used to focus on problem areas identified by agency staff.

"A browsing library is set up at your facility, with expert selection of materials, a reference librarian, a discussion leader, and a part-time recreation therapist and all for the price of one bibliotherapist which really comes to you free as long as our benefactor, Uncle Sam, remains solvent and our strength holds out.

"Call 293-2326 and ask for Clara or Bruce."

The car is equipped with two mock cannons that purportedly fire various flavors and textures of peanut butter and jelly. Two large plexiglas balls are mounted on the roof and trunk lid, one labeled "Evil Detect and Control Firing System" and the other, "Evil Radar Scanner and Audio Monitor." Both are filled with rotating objects, blinking lights, and little flags that zip up and down.

The driver is also a little unusual, even for southern California. He is wearing his customary outfit — gold cape and boots, and red and blue tights with a big "S" imprinted on the shirt. It is a very big shirt, as the full-bearded wearer packs more than 300 pounds on a 6-foot frame.

This apparition is Captain Sticky, cruising the area in his Sticky Mobil in a relentless search for evil . . . or, failing that, a decent place to eat lunch.

Captain Sticky (a name he adopted because of his overwhelming fondness for peanut butter and jelly) has already had some success in his one-man crusade against evil. He has directly or indirectly provided information on: alleged hanky-panky at an Orange County nursing home, which is currently being investigated by authorities; possible frauds in some prepaid health plans, and alleged abuses in a publicly financed program providing methodone to heroin addicts . . .⁴

Jerry, "What was that about the Methodone program?"

Wayne, "Hey, wait a minute, I saw that guy on TV."

Vince, "What? I missed that. Read that over again, will ya?"

The article was reread from beginning to end this time with the groups' (Methodone Clinic) full attention.

Meanwhile back at the alcoholic clinic . . .

Jackie, (clutches Bus's arm) "It's Stardust, Bus, you and I remember when that piece first came out, don't we?"

Bus, "Yah."

Jackie, "Kids have been dancing to that piece ever since, but we danced to it when it was new. I was dancing with you the first time I heard it played. Oh, Bus, let's . . . let's dance to it again."

Bus, (stretching out his arms to her) "Here's my arms, Doll. Just crawl into 'em again . . ."

Jackie, "Are you still fighting, Bus?"

Bus, "You said it Doll, I'm still in there sluggin' . . . I've still got the hardest punch in . . ."⁵

Kanoa laughed and laughed. "This guy is just like me. I've got a terrible temper. I hit my mother once and threw my brother across the room. But I blow up and then I'm all right. I'm sorry I frightened you, Harmon. I'm really sorry everybody to interrupt the group like I did. I don't know why, Harmon, those potato chips on the floor made me so mad."

And at a half-way house . . .

"I don't like to be clapped at," the waiter said.

"I should have brought my whistle," my father said. "I have a whistle that is audible only to the ears of old waiters. Now, take out your little pad, and your little pencil, and see if you can get this straight: two Beefeater Gibsons. Repeat after me: two Beefeater Gibsons."⁶

Bibliotherapist, "What did you think of the father?"

Anita, "He was very rude."

Nina, (laughing) "I thought he was really super cool."

You understand Italian. Damn it, you know you do."

Anita, "No, but he was putting on airs."

David, "I thought he was kind of free, y'know, kinda free with everybody and everything."

Anita, "No, he wasn't free with everybody, he was tying up everyone."

David, "Maybe he was trying to do that on purpose."

Anita, "Yes, he was doing that deliberately. He was trying to make an impression for his son, but his son didn't like the impression that he got."

⁴Hal Lancaster, "Villains Everywhere Beware! Captain Sticky Tries to Gum Up Evil," *Wall Street Journal*, February 11, 1975, p. 1.

⁵William Inge, *Glory in the Flower: 24 Favorite One-Act Plays*, Doubleday, 1958.

⁶John Cheever, *Reunion: The Brigadier and the Golf Widow*, Bantam, 1965.

Our payoff for all this? A fascinating, demanding job and the realization that some have achieved insight, others have been able to express themselves and relieve tension, and lotsa laughs:

Bibliotherapist, "Were you able to save any of your belongings?"

Interviewee, "Yes, a friend dragged my steamer trunk over to Geary Street to my place of business. It had my Easter dress in it and my Easter hat. You know, one with three plumes, right here." (During a taped oral history interview at a convalescent hospital with a survivor of the 1906 San Francisco Earthquake.)

The following poems were written during poetry writing sessions. All poems are unedited. You be the judge. Are the writers now more aware of themselves and have some insight into their behavior, or are they just sounding off?

Life is for real
Hard to grasp
Yet experiencing anew
I find it hard to grasp life now.

It is difficult indeed.
Ups and downs
Downs and ups
Life is for real
Going on and on.

Life is amazing
It is changing so fast
It is hard to keep up now
Don't give up the fight
Life is for real.

Jim

Love is a circle
A painful wringing
And a stringing along
Please be nice when you say goodbye.

Go away . . .
And don't
leave me alone.

John

I feel stifled
I am on a long trek
It only moves forward

Relentlessly
Up is nearly unattainable,
But some strength comes
to me from afar and
I drink of it when
my soul allows.
Crying, moaning, pain,
Lost and wanting to be
found, all colored visions
Deep vegetation
Dense as in a jungle
On the verge — I'm always —
of chasing rainbows.
A lonely voice in the
night I am crying with
loss and longing.

Joanne

"My husband and me ripped off a Howard Johnson's. We drove up in our bright yellow Volkswagon, Super Bug, parked right in front, walked up to the front desk, and demanded all the money. (All we got was \$35.) Then we took off, but we got lost on the way home. Ah, we were kinda loaded, I guess . . . so we stopped a cop to ask directions . . . and that's how we got busted."

Can you guess where this story was heard?

The following "Ah ha" book talk took place in a rehabilitative skills center.

"I've been doing my homework. You wanted us to read by ourselves. I've been reading the funniest, most interesting book.⁷ It's about this man who lives all by himself in northern Canada and proves that wolves are not like people thought. They mate for life and they don't slaughter caribu by the hundreds, they only eat the weak, sick caribu. Most of the wolves diet is mice. This man ate mice himself to see if you could keep up your strength. I've never been *really* hungry in my whole life, but if I ever am, I thought this recipe for mice stew might come in handy."

This break through came in a group of chronic paranoid schizophrenics who seldom laugh, rarely see a joke. It gave me enough steam to last awhile longer.

⁷Farley Mowat. *Never Cry Wolf*. Dell, 1963.

jailhouse libraries

mrs. helen lovett
adult extension librarian
bucks county free library
doylestown, pennsylvania

Very likely the 1970s will be referred to in library journals of the future as the years in which we focused our attention on services to the disadvantaged. In Pennsylvania most funding sources are giving priority to the handicapped, the aged, and to minorities. Extension personnel on both the state and local level have stepped up their efforts to reach the hard-to-reach. New library services in county jails are part of this emphasis. After initial bursts of enthusiasm, often supported by federal grants, we have arrived at an evaluation stage. For some, the beginning steps proved to be workable, and future plans can be made along the same lines. Others will want to change course.

In contrast to prisons, county jails have a high turn-over of residents. In Bucks County, for instance, the maximum stay is two years. Approximately 80 percent of the men are awaiting trial and their future in that location is uncertain. Training inmate librarians is a constant and unrewarding chore. Instituting library procedures, holding special classes, or initiating ongoing programs must all be planned in the full knowledge of the problems of a transient population.

The overall educational level of the residents is low although an increase in drug cases in the last years has raised this to some degree. Their lives tend to be stories of non-success repeated so often that they know little else. There are always some inmates who are illiterate. The days they spend in the jail are characterized by discouragement, distrust, and depression and they respond poorly to reading-learning situations. Very few inmates have public library experience in their background and approach the prison library with apprehension. For most, gamesmanship becomes the method of coping with daily life and the library gets involved inadvertently.

A condition which varies from jail-to-jail is the degree of structure and supervision with which the prison staff operates. The success or failure of the library services is more dependent on this factor than any other. Flexibility and casualness about prison regulations can lead to inmate mobility and participa-

tion without coercion. On the other hand it can also result in a lack of support for library regulations which leads to losses. A high degree of prison control can give the library the backing it needs for the orderly circulation of materials, but it can also stifle innovation.

Such a bleak picture is enough to discourage any public librarian from initiating services in the local jail, thereby eliminating the faint-hearted. Nor is a missionary spirit the answer. We need to take a realistic look at the kind of services to which the inmates will respond and then hang loose enough that we can change our entire approach if necessary.

In the three neighboring Pennsylvania counties of Bucks, Montgomery, and Chester, we run the gamut of jailhouse library experience. At Chester County Farms a large library room is presided over by two inmates, chosen not only for their interest but for the length of their sentences. Newspapers, magazines, lawbooks, cassettes and a wide range of books are displayed in a sunny room. Each cell block has its scheduled time during the week when the men are brought to the library to explore its contents. Losses are kept to a minimum because anyone reaching the library without the book he signed out previously is encouraged to retrieve it. The success of this operation is due to the strict control with which the entire prison is operated. The men respond well to this structured pattern and find the library an oasis of learning and recreational possibilities. The county extension librarian is particularly responsive to the interests of the men and the format in which they prefer the material. The library was started under a three-year grant, but the expenses are now part of the prison budget with in-kind services provided by the county library.

The prison facilities in Montgomery County are crowded and the "library" consists of a wall in the dining room covered with wire baskets to hold paperbacks. Under these circumstances control of sign out procedures is difficult and losses are apt to be high. But the location is central and the men make

good use of the service. The outreach librarian from the county library is most perceptive about the type of material he purchases for the racks. He combines the inmates' requests and their interests with quality writing that recognizes their reading limitations.

Also in the Montgomery County Prison, a law library in a converted cell is the envy of the other counties. One wall is completely covered with law materials, and the other is a long formica counter with a typewriter and plenty of room to work. Inmates sign up ahead to work here for two-hour periods. In all three prisons the men seem highly motivated to understand the legal material and it may be the only situation in which they put their full intellectual potential to work. It is strong medicine for their ailing morale. Specific legal titles are generally purchased under the guidance of such people as the warden, the county law librarian, and the public defender's office.

At Bucks County Prison two small rooms off the dining room act as a repository for a balanced collection of about 2,000 books, predominantly paperbacks, purchased with a grant from the Governor's Justice Commission. In contrast to Chester County Farms, the inmates have a fair degree of mobility within the prison and use the library at their convenience. The high turnover of inmate librarians has made it necessary to confine the open hours to two days per week, using public library staff. An inmate is assigned to the library and assists whenever possible with processing, circulation, and shelving. A few women are housed in a small wing and have their own magazines and paperbacks. At a prearranged time each week they are brought to the library to exchange their books. Thirty-five magazine subscriptions fill the bins in the dining area and are a very popular service. Short articles and illustrations make "reading" easy. They are not signed out — they circulate throughout the prison via the inmates' own devices.

Professional staffing has made it possible to develop an information service such as the names and addresses of agencies from which the inmates or their families can obtain help; information on the rights of prisoners, the poor, and the veteran; form letters to use when requesting information; the use of a typewriter; and legal material from the county or state law libraries.

County jails vary so much in their facilities and in the degree of administrative support upon which librarians can depend that it is risky indeed to make any firm generalizations about possible programs. Experience has shown that we should initiate services gradually — it is impossible to know the ropes while still being an outsider, be wary of setting up a full-service library as an initial enterprise; and if no staff is available, consider taking in a good variety of magazines that have been carefully selected to meet the interests of the inmates and don't worry about circulation records. In addition to standard titles such as *Newsweek* and *National Geographic*, try *Jet*, *Rolling Stone*, *Crossword Puzzle*, or *Motor Trend*. As a second step, establish a small center from which to circulate paperbacks that have been selected from inmate requests, add law books to a reference shelf, and add information services as soon as feasible. The last step would be a balanced book collection of reasonable size but, unless there is staff control as at Chester County Farms, losses may be higher than can be supported. No funding source can be expected to restock a prison library indefinitely.

A balanced collection and carefully kept records is not necessarily the ultimate ideal. Our goal is to constructively occupy the heavy-hanging time of men who are confined, under educated, and worried, and to do so within the administrative structure of the particular jail with which we find ourselves associated. A large measure of ingenuity will serve us best.

the role of a consultant for specialized library services

mrs. andree (bailey) lowry
former institution library consultant
state library of florida
tallahassee, florida

Known by many titles, "Institutional Librarian," "Institution Library Consultant," "Coordinator for the Development of Specialized Library Services," "Special Library Services Consultant," and numerous variations of these, a person in such a position may be the only person in a state responsible for the development of specialized library services to prisoners, the mentally ill, the mentally retarded, and the blind and physically handicapped.

Such consultants are usually found in state library agencies — those units of government authorized to provide for the development of public, institutional, and other types of library services; to provide reference and research services to state government and state agencies; to provide or encourage library service to the blind and physically handicapped; and to provide a bibliographic center for statewide library service.

Within these agencies specialized library services consultants may be found in library development groups or bureaus headed by directors of library development, bureau chiefs, or assistant state librarians. Because of structural and philosophical differences among state library agencies, the role and influence of a special services consultant may be very much different in one state than in another. In some states the consultant may be little more than a bureaucratic paper shuffler while in other states the consultant may be on a first-name basis with regional and state department heads, legislators, and the governor.

Certain personal qualities and types of experience and training may influence success as a specialized library services consultant. Generally a person applying for such a position should have a minimum of two years post-MLS experience in a public service area of a public, institutional, or state li-

brary. The person should be dynamic, intelligent, emotionally mature, empathetic, patient, personable, and not easily discouraged. Prior course work in penology, sociology, psychology, and developmental disabilities is helpful.

A consultant for specialized library services is generally responsible for one or more of the following duties:

- (1) The development and improvement of library service in state correctional, mental health, and mental retardation institutions;
- (2) The provision of leadership and administrative assistance to institution administrators, librarians, and state education directors in the implementation of new and improved library programs and evaluation of these programs;
- (3) The provision of statewide informational services concerning institutional library needs and programs;
- (4) The provision of a current awareness service for state personnel involved in institutional library programs;
- (5) The supervision and participation in the administration of state and federal grants designed to establish or improve library services for residents in state institutions and for the blind and physically handicapped;
- (6) The promotion and coordination of a statewide program for the improvement of library services for the blind and physically handicapped;
- (7) The provision of consultant services and assistance to public libraries on the development of outreach library services to local

institutions and to persons who are unable to use the traditional services of public libraries; and

- (8) The maintenance of active memberships in professional organizations specifically related to institutional library programs, participation in their activities which encourage and promote progress within the field of institutional librarianship, and attendance and participation in conferences and meetings relevant to their activities and programs.

Regardless of the number of duties which the specialized library services consultant may have, there are certain factors which tend to set that person apart from a general library consultant. Most important of these factors are the clientele and the governmental structures charged with the care of this clientele. Some of the challenges which specialized library services consultants may encounter are:

- (1) What kind of library service can be provided for an adult or a child with an I.Q. of 20?
- (2) Given the overriding priorities to clothe, house, care and feed institutionalized, how can library service be made an integral part

of an institutional program?

- (3) What can be done to liberalize the library materials selection policies of correctional institutions?
- (4) How can the public library serve the deaf persons in the community?

Answers to such questions may develop from experimentation, demonstration, research, persuasion, and the dissemination of information. For instance, as an aid to developing public library service to the hearing impaired in Florida, an educational workshop was held for public library directors at the state school for the deaf. Speakers were drawn from Gallaudet College in Washington, D.C., from the state school's faculty and students, and from various state and local agencies concerned with the hearing impaired. As a result many public libraries have instituted services for the deaf and some librarians have taken courses in and have become proficient with sign language. The workshop aided in heightening the awareness by librarians of deaf people and their problems.

In retrospect, the role of a specialized library consultant is challenging and interesting and once into it, other types of library service may seem dull.



directory
illinois state library
area code 217

Gesterfield, Kathryn J.	<i>Director</i>	782-2994
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Van Zanten, Frank	<i>Associate Director for Library Development</i>	782-7848
Billington, Norman W.	<i>Legislative Liaison, Office of Secretary of State</i>	782-7948
Adams, Stanley	<i>Information Consultant</i>	782-5013
Bostian, Irma	<i>Editor, Illinois Libraries</i>	782-5870
Cook, Garnetta	<i>Head, Audiovisual Section</i>	782-6683
DeJohn, William	<i>Senior Consultant, Library Cooperation</i>	782-7848
Dilley, Richard	<i>Head, Serials Section</i>	782-5506
Ensley, Robert	<i>Senior Consultant, Services to Institutions and Physically Handicapped</i>	782-7848
Fein, Pauline	<i>Head, Binding Section</i>	782-4887
Field, Mary Kate	<i>Government Reference Librarian</i>	782-5430
Groninger, Margaret L.	<i>General Reference Librarian</i>	782-7596
Halcli, Albert	<i>Assistant Director for Public Services</i>	782-5013
Harris, Walter	<i>Manager, Administrative Services</i>	782-7845
Henderson, Christine	<i>Government Reference Librarian</i>	782-5430
Herman, Margaret	<i>Head, Collection Development Branch</i>	782-7791
Horney, Joyce	<i>Head, Circulation and Special Services Branch</i>	782-5823
Hunn, Esther	<i>Head, Library Materials Processing Branch</i>	782-7612
Lamont, Bridget L.	<i>Consultant, Services to Children and Young Adults</i>	782-7848
Lyons, Janet	<i>Head, Government Documents Branch</i>	782-5185
Miele, Anthony	<i>Assistant Director for Technical Services</i>	782-5012
Morgan, Candace	<i>Head, Legislative and General Reference and Information Branch</i>	782-5430
Quint, Mary D.	<i>Senior Consultant, Library Manpower</i>	782-7848
Redmond, Mary	<i>Legislative Research Librarian</i>	782-5430
Rike, Galen	<i>Specialist, Research & Statistics</i>	782-7848
Rummel, Kathleen	<i>Public Information and Publications Officer</i>	782-7845
Schwartz, Arlene	<i>Assistant Coordinator of the Illinois/OCLC Shared Catalog Project</i>	782-7845
Stimson, Andrew	<i>Senior Consultant for Public Library Services</i>	782-7848
Tyer, Travis	<i>Senior Consultant, Professional Development</i>	782-7848
Vrooman, Hugh	<i>Management Services: Coordinator, OCLC, CLSI, Computerized Projects</i>	782-3553

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Conference
1975**

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